

## INSTRUCTIONS ON REVERSE SIDE

|                                                                                                                                         |                                                                                                          |                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| No. 93610                                                                                                                               | Idaho Corporation Annual Report Form                                                                     | 2. Registered Agent and Office NOT A P.O. BOX                              |
| Return To<br><br>Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080<br>* FIRST NOTICE *<br>NO FEE REQUIRED | Due No Later Than November 1995                                                                          | GRAHAM K. WETHERLEY, M.D.<br>1000 N CURTIS RD #303                         |
|                                                                                                                                         | 1. Mailing Address - Please Correct If Not Correct                                                       |                                                                            |
|                                                                                                                                         | GRAHAM K. WETHERLEY, M.D., CHAR<br>GRAHAM K WETHERLEY, M.D.<br>1000 N. CURTIS #303<br><br>BOISE ID 83706 | BOISE ID 83706<br><br>3. Incorporated Under The Laws of<br>ID<br>NO: 93610 |

## 4. Names and Addresses of Officers and Directors

|            | Name                      | Street or P.O. Address | City  | State | Postal Code |
|------------|---------------------------|------------------------|-------|-------|-------------|
| President: | Graham K. Wetherley, M.D. | 1000 N Curtis Ste. 303 | Boise | ID    | 83706       |
| Secretary: |                           |                        |       |       |             |
| Directors: |                           |                        |       |       |             |

## 5. Nature of Business

Medical

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name

(Typed or Printed)

Graham K. Wetherley M.D.

Date

Title

7/13/95

President