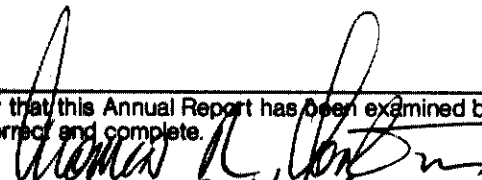
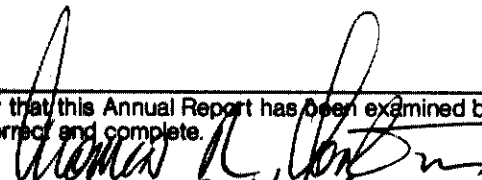
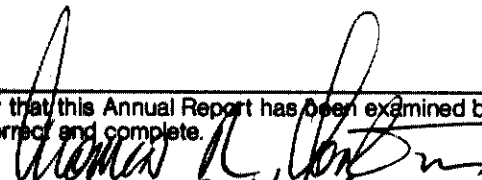


No. 70459 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 I Mailing Address: <i>Please Correct If Not Correct</i> FAMILY HEALTH CARE, P.A. THOMAS R. YOUNG 1070 NORTH CURTIS, #125 BOISE ID 83706	2. Registered Agent and Office NOT A P.O. BOX THOMAS R. YOUNG, M.D. 1070 N. CURTIS, #125 BOISE ID 83706 3. Incorporated Under The Laws of ID NO: 070459																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>THOMAS R. YOUNG</td> <td>2851 EL RANCHO</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Secretary:</td> <td>JANE N. YOUNG</td> <td>2851 EL RANCHO</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	THOMAS R. YOUNG	2851 EL RANCHO	BOISE	ID	83704	Secretary:	JANE N. YOUNG	2851 EL RANCHO	BOISE	ID	83704	Directors:					
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5. Nature of Business Health CARE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) THOMAS R. YOUNG MD </td> <td style="width: 40%;"> Date 7/6/91 Title Pres </td> </tr> </table>		Signature  Name (Typed or Printed) THOMAS R. YOUNG MD	Date 7/6/91 Title Pres																						
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