

No. 85397	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE NO FEE REQUIRED 89 JUL 12 AM 9 22	Due No Later Than November 1, 1989	CRAIG A. SINKINSON 645 RIVER ROAD
	1. Mailing Address — Please Correct 85397	HAGERMAN ID 83332
	CRAIG ALAN SINKINSON, M.D., P.A. CRAIG A. SINKINSON P.O. BOX 659 HAGERMAN ID 83332	3. Incorporated Under The Laws of IDAHO NO: 85397

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	CRAIG A. SINKINSON, M.D.	P.O. Box 659	HAGERMAN	ID	83332
Secretary:	MARILEE J. KURACINA, M.D.	P.O. Box 659	HAGERMAN	ID	83332
Directors:	CRAIG A. SINKINSON, M.D.	SAME			
	MARILEE J. KURACINA, M.D.	SAME			

5. Nature of Business

PHYSICIAN SERVICES

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

Craig Alan Sinkinson, M.D.

Date

7/10/89

Name (Typed or Printed)

CRAIG ALAN SINKINSON, M.D.

Title

PRESIDENT