

No. 85541	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX PATRICIA J. EVANS M.D. P.O. BOX 453 516 S. 3rd. Ave. BELLEVUE ID 83313		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address Please Correct If Not Correct PATRICIA J. EVANS, M.D., P.A. PATRICIA J. EVANS M.D., P. P.O. BOX 453 BELLEVUE ID 83313		3. Incorporated Under The Laws of ID NO: 085541		
NO FEE REQUIRED					
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:	Patricia J. Evans	P.O. Box 453	Bellevue ID 83313		
Secretary:	William Bozzuto	P.O. Box 909	Hailey ID 83333		
Directors:	SAME AS ABOVE				
5. Nature of Business EMERGENCY 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. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature <u>Patricia J. Evans</u> Name (Typed or Printed) <u>PATRICIA J. EVANS</u> </td> <td style="width: 40%;"> Date <u>ID 30-91</u> Title <u>President</u> </td> </tr> </table>		Signature <u>Patricia J. Evans</u> Name (Typed or Printed) <u>PATRICIA J. EVANS</u>	Date <u>ID 30-91</u> Title <u>President</u>
Signature <u>Patricia J. Evans</u> Name (Typed or Printed) <u>PATRICIA J. EVANS</u>	Date <u>ID 30-91</u> Title <u>President</u>				