

No. 62905	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1993	2. Registered Agent and Office <b>NOT A P.O. BOX</b> JAMES T. ANNEST, M.D. 2014 MOUNTAIN VIEW CIRCLE TWIN FALLS ID 83301
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  ★ FIRST NOTICE ★ NO FEE REQUIRED	1. Mailing Address: <i>Please Print or Type Name and Address</i> JAMES T. ANNEST, M.D., P.A. JAMES T. ANNEST, M.D. 2014 MOUNTAIN VIEW CIRCLE TWIN FALLS ID 83301	3. Incorporated Under The Laws of ID NO: 62905

4. Names and Addresses of Officers and Directors  President: James T. Annest Secretary: <i>(Signature)</i> Directors: <i>also director also only director</i>	<b>MUST BE PRINTED OR TYPED</b> <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>James T. Annest</td> <td>2014 Mtn. View Cir</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	James T. Annest	2014 Mtn. View Cir	Twin Falls	ID	83301
Name	Street or P.O. Address	City	State	Zip							
James T. Annest	2014 Mtn. View Cir	Twin Falls	ID	83301							

5. Nature of Business <i>Practice of medicine</i>	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 <i>James T. Annest, MD</i> Date <i>8/5/93</i> Name <i>(Typed)</i> James T. Annest, MD Title <i>President</i>
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