

No. <b>62905</b>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <b>Due No Later Than November 1, 1991</b> 1. Mailing Address - <i>Please Correct If Not Correct</i> <b>JAMES T. ANNEST, M.D., P.A.</b> <b>JAMES T. ANNEST, M.D.</b> <b>2014 MOUNTAIN VIEW CIRCLE</b>  <b>TWIN FALLS ID 83301</b>	2. Registered Agent and Office NOT A P.O. BOX <b>JAMES T. ANNEST, M.D.</b> <b>2014 MOUNTAIN VIEW CIRCLE</b>  <b>TWIN FALLS ID 83301</b> 3. Incorporated Under The Laws of <b>ID</b>  <b>NO: 062905</b>
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## 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:	<i>James T. Annest</i>	<i>2014 MTN View Cir</i>	<i>Twin Falls,</i>	<i>ID</i>	<i>83301</i>
Secretary:	<i>None</i>				
Directors:	<i>None</i>				

## 5. Nature of Business

*Health Care Provider*

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 Name

*James T. Annest, M.D.*  
*James T. Annest, M.D.*

Date

Title

*7/14/91*  
*President*