


No. 70218	Idaho Corporation Annual Report Form		2. Registered Agent and Office															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		RICHARD A. KLEIN, M.D. 1611-A 12TH AVENUE ROAD															
	1. Mailing Address — Please Correct		NAMPA ID 83686 54															
	RICHARD A. KLEIN, M.D., P.A. RICHARD A. KLEIN, M.D. 1611-A 12TH AVENUE ROAD NAMPA ID 83686		3. Incorporated Under The Laws of ID NO: 070218															
4. Names and Addresses of Officers and Directors																		
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td rowspan="3">} RICHARD A. KLEIN MD</td> <td rowspan="3">1611 A 12TH AVENUE</td> <td rowspan="3">NAMPA</td> <td rowspan="3">ID</td> <td rowspan="3">83686</td> </tr> <tr> <td>Secretary:</td> </tr> <tr> <td>Directors:</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	} RICHARD A. KLEIN MD	1611 A 12TH AVENUE	NAMPA	ID	83686	Secretary:	Directors:
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>													
President:	} RICHARD A. KLEIN MD	1611 A 12TH AVENUE	NAMPA	ID	83686													
Secretary:																		
Directors:																		
5. Nature of Business EXTREMEDIC SURGERY	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 or Printed) Date 18 JUL 90 Title PRES																	