

No. 045708	Idaho Corporation Annual Report Form		2. Registered Agent and Office																																
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1988		DR. JAMES HOLLINGSWORTH 1661 SHORELINE DR., SUIT BOISE, IDAHO 83706																																
	1. Mailing Address — Please Correct 045708																																		
RECEIVED SEC. OF STATE JUL 18 PM 2 20	DR. JAMES HOLLINGSWORTH, CHARTER DR. JAMES HOLLINGSWORTH 1661 SHORELINE DR., SUITE 220 BOISE, IDAHO 83706		3. Incorporated Under The Laws of STATE OF IDAHO																																
	4. Names and Addresses of Officers and Directors																																		
<table border="1"> <thead> <tr> <th data-bbox="90 388 784 436"></th> <th data-bbox="784 388 1032 436">Name</th> <th data-bbox="1032 388 1230 436">Street or P.O. Address</th> <th data-bbox="1230 388 1395 436">City</th> <th data-bbox="1395 388 1528 436">State</th> <th data-bbox="1528 388 1647 436">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="90 436 784 484">President:</td> <td data-bbox="784 436 1032 484">DR. JAMES HOLLINGSWORTH</td> <td data-bbox="1032 436 1230 484">1661 SHORELINE DR. #220</td> <td data-bbox="1230 436 1395 484">BOISE</td> <td data-bbox="1395 436 1528 484">ID</td> <td data-bbox="1528 436 1647 484">83702</td> </tr> <tr> <td data-bbox="90 484 784 526">Secretary:</td> <td data-bbox="784 484 1032 526">DR. JAMES HOLLINGSWORTH</td> <td data-bbox="1032 484 1230 526">✓</td> <td data-bbox="1230 484 1395 526">✓</td> <td data-bbox="1395 484 1528 526">✓</td> <td data-bbox="1528 484 1647 526">✓</td> </tr> <tr> <td data-bbox="90 526 784 569">Directors:</td> <td data-bbox="784 526 1032 569">DR. JAMES HOLLINGSWORTH</td> <td data-bbox="1032 526 1230 569">✓</td> <td data-bbox="1230 526 1395 569">✓</td> <td data-bbox="1395 526 1528 569">✓</td> <td data-bbox="1528 526 1647 569">✓</td> </tr> <tr> <td></td> <td data-bbox="784 569 1032 611">EUDORA HOLLINGSWORTH</td> <td data-bbox="1032 569 1230 611">2701 CRESCENT REM DR.</td> <td data-bbox="1230 569 1395 611">BOISE</td> <td data-bbox="1395 569 1528 611">ID</td> <td data-bbox="1528 569 1647 611">83706</td> </tr> </tbody> </table>							Name	Street or P.O. Address	City	State	Zip	President:	DR. JAMES HOLLINGSWORTH	1661 SHORELINE DR. #220	BOISE	ID	83702	Secretary:	DR. JAMES HOLLINGSWORTH	✓	✓	✓	✓	Directors:	DR. JAMES HOLLINGSWORTH	✓	✓	✓	✓		EUDORA HOLLINGSWORTH	2701 CRESCENT REM DR.	BOISE	ID	83706
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5. Nature of Business PHYSICIAN (M.D.)	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 <u>Dr James Hollingsworth</u> Date <u>July 8, 1988</u> Name (Typed or Printed) <u>DR. JAMES HOLLINGSWORTH</u> Title <u>PRESIDENT</u>																																		