

No. 43177	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Mailing Address Please Correct If Not Correct	DAVID M JONES 37 COLUMBIA POCATELLO ID 83201																								
	DAVID M. JONES, M.D., P.A. DAVID M JONES MD 37 COLUMBIA POCATELLO ID 83201	3. Incorporated Under The Laws of ID NO: 043177																								
4. Names and Addresses of Officers and Directors																										
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DAVID M JONES</td> <td>37 Columbia</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Larue C Jones</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	DAVID M JONES	37 Columbia	Pocatello	ID	83201	Secretary:						Directors:	Larue C Jones				
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President:	DAVID M JONES	37 Columbia	Pocatello	ID	83201																					
Secretary:																										
Directors:	Larue C Jones																									
5. Nature of Business Medical Services	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 border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>DAVID M JONES</td> <td>7/8/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td></td> <td>president</td> </tr> </table>		Signature	Date	DAVID M JONES	7/8/91	Name (Typed or Printed)	Title		president																
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