Idaho Corporation					
Idaho Corporation Annual Report Form		2. Registered Agent and Office			
	o Later Than November 1,1989		MARC T. ASTIN, M.D. 141 MORRISON STREET		
MARC T. ASTIN,	ASTIN, M.D., A PROFESSIO ASTIN, M.D. RISON STREET		TWIN FALLS		ID 8330
Ì			3. Incorporated Under The Laws of IDAHO		
TWIN FALLS	ID	83301		NO•	81689
rs and Directors			<u> </u>		01007
Name	Street or P.O. Ad	ddress	<u>City</u>	<u>State</u>	<u>Zip</u>
Istin Astin	Route #3	Box 6619	Twin Falls	Id.	8 330/
	"			41	"
	n e				
6. I certify that	this Annual Report	has been exam	ined by me and is to the	best of my kr	nowledge
Signature W				1-25-89	
	1. Mailing Address — Please MARC T. ASTIN, MARC T. ASTIN, 141 MORRISON ST TWIN FALLS rs and Directors Name Astin Astin Astin	1. Mailing Address — Please Correct 8 MARC T. ASTIN, M.D., A PRI MARC T. ASTIN, M.D. 141 MORRISON STREET TWIN FALLS ID rs and Directors Name Street or P.O. And Rostin Astin 4-stin 4-stin 4-stin 9-stin Signature WOLLER Signature WOLLER Signature WOLLER 18 19 10 11 11 12 13 14 15 16 17 17 18 18 18 18 19 19 19 19 19 19	1. Mailing Address — Please Correct 81689 MARC T. ASTIN, M.D., A PROFESSIO MARC T. ASTIN, M.D., 141 MORRISON STREET TWIN FALLS ID 83301 rs and Directors Name Street or P.O. Address Route #3 Box 6619 Astin 45tin 45tin 10 C. I certify that this Annual Report has been exame true, correct and complete Signature Signature	1. Mailing Address — Please Correct 81689 MARC T. ASTIN, M.D., A PROFESSIO MARC T. ASTIN, M.D. 141 MORRISON STREET Sand Directors Name Street or P.O. Address City Rote #3 Box 669 Twin Falls Histin Astin Street or P.O. Address Signature City Correct and complete Signature Signature Approfessio TWIN FALLS TWIN FALLS TWIN FALLS City TWIN FALLS A PROFESSIO TWIN FALLS Signature TWIN FALLS TWIN FALLS TWIN FALLS TWIN FALLS A PROFESSIO TWIN FALLS Signature TWIN FALLS TWIN FALLS TWIN FALLS TWIN FALLS TWIN FALLS A PROFESSIO TWIN FALLS TO IDAHO TWIN FALLS TWIN	1. Mailing Address — Please Correct 81689 MARC T. ASTIN, M.D., A PROFESSIO MARC T. ASTIN, M.D., 141 MORRISON STREET TWIN FALLS ID 83301 TWIN FALLS ID 83301 NO: To and Directors Name Street or P.O. Address Route #3 Box 669 Whating Address Concerns and Complete Signature Concerns that this Annual Report has been examined by me and is to the best of my king the correct and complete Signature Date 7-25 89

그는 사용했다고 하는 사람은 그렇게 되었다면 하면 함께 하면 함께 하면 하면 하면 함께 한 사람들이 하면 하면 함께 함께 함께 함께 하면 하면 하면 하는 것이 되었다.