

INSTRUCTIONS ON REVERSE SIDE

No. 47125 REINSTATEMENT Return To Secretary of State Room 203, Statehouse Boise, ID 83720 FORFEITED 12/1/95 \$20.00 STATE OF IDAHO	Idaho Corporation Annual Report Form Due No Later Than November 1, 1. Mailing Address — Please Correct UROLOGY CLINIC, INC. JOHN T BOAZ III MD c/o Newel Nelson, CPA Nelson, Sagers, Anderson & King 1710 OVERLAND AVE BURLEY, ID 83318	2. Registered Agent and Office JOHN T BOAZ c/o NEWEL NELSON 1710 OVERLAND AVE BURLEY, ID 83318 3. Incorporated Under The Laws of OKLAHOMA NO. 47125																								
4. Names and Addresses of Officers and Directors																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>JOHN T. BOAZ, III, M.D.</td> <td>c/o NEWEL NELSON, 1710 OVERLAND AVE</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>Secretary:</td> <td>JOHN T. BOAZ, III, M.D.</td> <td>c/o NEWEL NELSON, 1710 OVERLAND AVE</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>Directors:</td> <td>JOHN T. BOAZ, III, M.D.</td> <td>c/o NEWEL NELSON, 1710 OVERLAND AVE</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	JOHN T. BOAZ, III, M.D.	c/o NEWEL NELSON, 1710 OVERLAND AVE	BURLEY	ID	83318	Secretary:	JOHN T. BOAZ, III, M.D.	c/o NEWEL NELSON, 1710 OVERLAND AVE	BURLEY	ID	83318	Directors:	JOHN T. BOAZ, III, M.D.	c/o NEWEL NELSON, 1710 OVERLAND AVE	BURLEY	ID	83318
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5. Nature of Business Medicine - Urology	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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <i>John T. Boaz III MD</i> Name (Typed or Printed) JOHN T. BOAZ, III, M.D. </td> <td style="width: 40%;"> Date <i>May 16/90</i> Title PRES/OWNER </td> </tr> </table>		Signature <i>John T. Boaz III MD</i> Name (Typed or Printed) JOHN T. BOAZ, III, M.D.	Date <i>May 16/90</i> Title PRES/OWNER																						
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