

No. 76847 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993 1 Mailing Address: COEUR D'ALENE PEDIATRICS, P.A. TERENCE E. NEFF, M.D. 700 WEST IRONWOOD DRIVE #102 COEUR D'ALENE ID 83814	ISSUED: 97-01-102 2. Registered Agent and Office NOT A P.O. BOX TERENCE E. NEFF, M.D. 700 IRONWOOD DRIVE, #102 COEUR D'ALENE ID 83814 3. Incorporated Under The Laws of ID NO: 76847																								
4. Names and Addresses of Officers and Directors																										
MUST BE PRINTED OR TYPED																										
<table border="1"> <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>Terence E. Neff, M.D.</td> <td>700 W. Ironwood Dr., #102</td> <td>Coeur d'Alene,</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Secretary:</td> <td>Thomas R. Rau, M.D.</td> <td>700 W. Ironwood Dr., #102</td> <td>Coeur d'Alene,</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Directors:</td> <td>Terence E. Neff, M.D.</td> <td>700 W. Ironwood Dr., #102</td> <td>Coeur d'Alene,</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>		<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Terence E. Neff, M.D.	700 W. Ironwood Dr., #102	Coeur d'Alene,	ID	83814	Secretary:	Thomas R. Rau, M.D.	700 W. Ironwood Dr., #102	Coeur d'Alene,	ID	83814	Directors:	Terence E. Neff, M.D.	700 W. Ironwood Dr., #102	Coeur d'Alene,	ID	83814		
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
President:	Terence E. Neff, M.D.	700 W. Ironwood Dr., #102	Coeur d'Alene,	ID	83814																					
Secretary:	Thomas R. Rau, M.D.	700 W. Ironwood Dr., #102	Coeur d'Alene,	ID	83814																					
Directors:	Terence E. Neff, M.D.	700 W. Ironwood Dr., #102	Coeur d'Alene,	ID	83814																					
5. Nature of Business Pediatric Medical Office	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 7/12/93</td> </tr> <tr> <td>Name (Typed or Printed) Terence E. Neff, M.D.</td> <td>Title President</td> </tr> </table>		Signature	Date 7/12/93	Name (Typed or Printed) Terence E. Neff, M.D.	Title President																				
Signature	Date 7/12/93																									
Name (Typed or Printed) Terence E. Neff, M.D.	Title President																									