|        | INSTRUCTIONS ON REVERSE SIDE            |  |  |                          |  |  |
|--------|---|--|--|--------------------------|--|--|
|        | No. 0 44240                             | Idaho Corporation Annual Report Form       |  | 2. Registered Agent      | 2. Registered Agent and Office                                 |  |
| 1      | Return To                               | Due No Later Than November 1, 1987         |  | Maja SHARP               | M.J. SHARP. M.D.<br>240 N. 18TH AVE.<br>POCATELLO. 10<br>83201 |  |
|        | Secretary of State                      | 1. Mailing Address — Please Correct 044240 |  |                          |  |  |
| :      | Room 203, Statehouse<br>Boise, ID 83720 | MEARTLL J SHARP MO                         |  | 83201                    |  |  |
|        | SEC. 03                                 |  |  | ,                        | 3. Incorporated Under The Laws                                 |  |
| •      | Ca 111 20                               | PRIDA 9ELLO TDAH                           | G.                                       | Of                       | TOAHO SU,  |  |
|        | 87 JUI_ 20                              | 83201                                      |  | STATE UF                 | IDAHO VII  |  |
|        | 4. Names and Addresses of Officer       | s and Directors                            |  |                          | رچ\  |  |
| i<br>K |   | <u>Name</u>                                | Street or P.O. Address                   | <u>City</u>              | <u>State</u> <u>Zip</u>  |  |
|        | President: M. J. Sharp,                 |  | 240 North 18th Ave.                      | Pocatello,               |  |  |
| ý      | Secretary: Winnie H. Sha                |  | 330 South 7th Ave.<br>330 South 7th Ave. | Pocatello,<br>Pocatello, |  |  |
| Ĭ.     | Directors: M. J. Sharp,                 | H.D.                                       | J30 BOULH /CH AVE.                       | rocaterio,               | 10 03201   |  |
|        |   |  |  |                          |  |  |
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|        |   |  | •  |                          |  |  |
| •      |   |  |  |                          |  |  |
|        | 5. Nature of Business  Medical          | 6. I certify that t<br>true, correct       | pis Annua Report has been e              | xamined by me and is to  | the best of my knowledge                                       |  |
|        |   | Signature Name (Typed or Printed)          | M J. Sharp, M.D.                         | Date                     | 87.VIT.15  |  |
|        |   | Name Printed)                              | m, J. Sharp, M.D.                        | Title                    | President  |  |