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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| No. 70218                                                                                                                                                                     | <b>Idaho Corporation Annual Report Form</b>                                                                                                                          | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                   |
| Return To<br><b>Secretary of State<br/>         Room 203, Statehouse<br/>         P.O. BOX 83720<br/>         Boise, ID 83720-0080</b><br>* FIRST NOTICE *<br>NO FEE REQUIRED | Due No Later Than November 1, 1994                                                                                                                                   | RICHARD A. KLEIN, M.D.<br>1611-A 12TH AVENUE ROAD                      |
|                                                                                                                                                                               | 1. Mailing Address — <b>Please Complete A Mailing Address</b><br>RICHARD A. KLEIN, M.D., P.A.<br>RICHARD A. KLEIN, M.D.<br>1611-A 12TH AVENUE ROAD<br>NAMPA ID 83686 | NAMPA ID 83686<br>3. Incorporated Under The Laws<br>of ID<br>NO: 70218 |

|                                                                |                                               |                               |             |              |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                |                                               |
|----------------------------------------------------------------|-----------------------------------------------|-------------------------------|-------------|--------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------|-----------------------------------------------|
| 4. Names and Addresses of Officers and Directors               |                                               |                               |             |              | <b>MUST BE PRINTED OR TYPED</b> |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                |                                               |
|                                                                | <u>Name</u>                                   | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u>                      |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                |                                               |
| President:                                                     | RICHARD A KLEIN MD                            | RTI BOX 1154A                 | HOMEDALE    | ID           | 83628                           |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                |                                               |
| Secretary:                                                     | "                                             | "                             | "           | "            | "                               |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                |                                               |
| Directors:                                                     | "                                             | "                             | "           | "            | "                               |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                |                                               |
| 5. Nature of Business<br><br><b>MEDICAL SERVICES</b>           |                                               |                               |             |              |                                 | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><table border="0"> <tr> <td data-bbox="512 915 1189 978">           Signature<br/>           Name (Typed or Printed) <b>RICHARD A KLEIN MD</b> </td> <td data-bbox="1189 915 1602 978">           Date <b>20 JUL 1994</b><br/>           Title <b>PRES.</b> </td> </tr> </table> |  |  |  | Signature<br>Name (Typed or Printed) <b>RICHARD A KLEIN MD</b> | Date <b>20 JUL 1994</b><br>Title <b>PRES.</b> |
| Signature<br>Name (Typed or Printed) <b>RICHARD A KLEIN MD</b> | Date <b>20 JUL 1994</b><br>Title <b>PRES.</b> |                               |             |              |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                |                                               |