

No. 46180	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		WAYNE F. ALLEN																															
	1 Mailing Address Please Correct If Not Correct		200 WEST FOREST STREET																															
	PAYETTE LAKES MEDICAL CLINI		MCCALL ID 83638																															
WAYNE ALLEN, M.D.		3. Incorporated Under The Laws																																
P. O. BOX 1047		of ID																																
MCCALL ID 83638		NO: 046180																																
4. Names and Addresses of Officers and Directors																																		
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>WAYNE F. ALLEN M.D.</td> <td>P.O. box 1047</td> <td>MCCALL</td> <td>ID</td> <td>83638</td> </tr> <tr> <td>Secretary:</td> <td>EDDIE DROGE M.D.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>DANIEL Ostermiller M.D.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>TOMAS DAVIS M.D.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	WAYNE F. ALLEN M.D.	P.O. box 1047	MCCALL	ID	83638	Secretary:	EDDIE DROGE M.D.					Directors:	DANIEL Ostermiller M.D.						TOMAS DAVIS M.D.				
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5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																																
Practice of Medicine		Signature <u>Wayne F. Allen</u> Date <u>7-9-91</u> Name (Typed or Printed) <u>WAYNE F. ALLEN M.D.</u> Title <u>President</u>																																