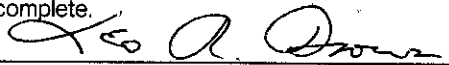
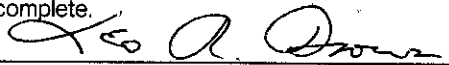
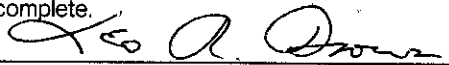


No. 58941 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — <i>Please Correct</i> RUPERT MEDICAL - SURGICAL G LEO R. BROWN, M.D. P. O. BOX G RUPERT ID 83350	2. Registered Agent and Office LEO R. BROWN, M.D. 4218 9TH STREET, SUITE 7 P.O. Box G 400N. 135W. RUPERT ID 83350 302 3. Incorporated Under The Laws of ID NO: 058941																				
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <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: Leo R. Brown</td> <td>P.O. Box G</td> <td>Rupert, Idaho</td> <td>83350</td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: Leo R. Brown	P.O. Box G	Rupert, Idaho	83350		Secretary:					Directors:				
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President: Leo R. Brown	P.O. Box G	Rupert, Idaho	83350																			
Secretary:																						
Directors:																						
5. Nature of Business Medical	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 26 July '90</td> </tr> <tr> <td>Name (Typed or Printed) Leo R. Brown, M.D.</td> <td>Title President</td> </tr> </table>		Signature 	Date 26 July '90	Name (Typed or Printed) Leo R. Brown, M.D.	Title President																
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