

84056

INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

No.	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 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1992	MICHAEL LEE
	1. Mailing Address — Please Correct, If Not Correct ALPHA-MED., INC. SHARREL D LEWIS 3331 EAST CORONA AVENUE PHOENIX AZ 85040 0000	1494 THREE FOUNTAIN DRIVE IDAHO FALLS ID 83404
		3. Incorporated Under The Laws of AZ NO: 84056

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	SHARREL D. LEWIS	3331 E. CORONA AVE	PHOENIX,	AZ	85040
Secretary:	SANDRA K. LEWIS	3331 E. CORONA AVE	PHOENIX,	AZ	85040
Directors:	SHARREL D. LEWIS	SAME			
	SANDRA K. LEWIS	SAME			

5. Nature of Business

WHOLESALE ORTHOPEDIC
DEVICES & RELATED EQUIPMENT

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

SHARREL D. LEWIS

Date

Title

President

7-23-92