

## INSTRUCTIONS ON REVERSE SIDE

|                                                               |                                                    |                                               |
|---------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| No. 89114                                                     | Idaho Corporation Annual Report Form               | 2. Registered Agent and Office NOT A P.O. BOX |
| Return To                                                     | Due No Later Than November 1, 1991                 | MICHAEL G. MELENDEZ, M.D.                     |
| Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720 | 1. Mailing Address - Please Correct If Not Correct | 412 PINE STREET                               |
|                                                               | MICHAEL G. MELENDEZ, M.D.,                         | SANDPOINT ID 83864                            |
|                                                               | MICHAEL G. MELENDEZ, M.D.                          | 3. Incorporated Under The Laws                |
| NO FEE REQUIRED                                               | 412 PINE STREET                                    | of ID                                         |
|                                                               | SANDPOINT ID 83864                                 | NO: 069114                                    |

## 4. Names and Addresses of Officers and Directors

|            | Name             | Street or P.O. Address | City      | State | Zip   |
|------------|------------------|------------------------|-----------|-------|-------|
| President: | MICHAEL MELENDEZ | 412 PINE               | SANDPOINT | ID    | 83864 |
| Secretary: | KATHAYN MELENDEZ | ✓                      | ✓         | ✓     | ✓     |
| Directors: | SAME             | ✓                      | ✓         | ✓     | ✓     |

## 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.

Signature

Name

Dwight E. Huffer

Date

Title

7-9-91

CPA

7-15-91