Secretary of State Room 203, Statehouse Boise, ID 88736 IVE U SEC. OF STATE NO. 695 JUL 31 I MM 16344 NO. 695 JUL 31 I MM 16444 NO. 695 JUL 31 I MM 1644		INSTRUCTIONS ON REVERSE SIDE	ISSUED JULY 1, 1989
Due No Later Than November 1,1989 1. Mailing Address — Please Correct 67960 TWIN FALLS ID 833 3. Incorporated Under The Laws of IDAHO NO: 67960 4. Names and Addresses of Officers and Directors Name Street or P.O. Address President: Form B. GRAY R. C.	No. 67960	Idaho Corporation Annual Report Form	3-
Secretary: Directors: Secretary of State Room 203, Statehouse Boise, ID 8873/ SEC. OF STATE SEC. OF STATE JOHN B. GRAY RECEIVED SEC. OF STATE NO. 85 JUL 31 IPM 10344 A. Names and Addresses of Officers and Directors Name Street or P.O. Address City State No. 67960 A. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: John B. GRAY RECEIVED No. 67960 A. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip Twi NFALLS ID 8330 No. 67960 State of D. Address City State Zip Twi NFALLS ID 8330 No. 67960 A. Nature of Business A. HoloGy A. Nature of Business A. HoloGy Signature Date Date Date Date Date	Return To		
SEC. OF STATE ROUTE 4. BOX 7099SEC. OF STATE NO. 89 JUL 31 I PM 10341 NO: 67960 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Secretary: Directors: Since of Business Atthough 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 Date Date John John Date John John	Room 203, Statehouse	JOHN B. GRAY, M.D., P.A. JOHN B. GRAY RECEIVED	TWIN FALLS ID 8330
4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: Secretary: Directors: 5. Nature of Business PATHOLOGY A Name Street or P.O. Address City State Zip RT (Box 2099 Twinfalls ID 8330 Secretary: Directors: 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 Signature Date Date Date			· · · · · · · · · · · · · · · · · · ·
President: 30th B. GRAY RT (Box 2099 TwinfALLS ID 8330 Secretary: Elkn Gray (Some) 5. Nature of Business PATHOLOGY Name Street or P.O. Address City State Zip TwinfALLS ID 8330 Secretary: Elkn Gray (Some) 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 Date 7/10/67			NO: 67960
President: Jottal B. Gray Secretary: Ellen Gray Directors: 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 Date 7/10/65	4. Names and Addresses of Officer		
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. Signature Date Date			
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. Signature Date Date	President: Jottw	3. GRAY RTY BOX2099	TWINFALLS ID 83301
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. Signature Date Date	Secretary: Ellen &	Fray (Same)	
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. Signature Date Date			
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. Signature Date Date			
PATHOLOGY Signature Date 7/10/69		Ending the second of the secon	
PATHOLOGY Signature Date 7/10/69			
PATHOLOGY Signature Date 7/10/69	5. Nature of Business	6. I certify that this Annual Report has been exam	nined by me and is to the best of my knowledge
Tractor #	PATHOLOGY	and contact and contact.	1.100
INDUCAL TRACTIVE I Name Printed // CLOHN IS GRAY IND ITTE Vine ACT	MEDICAL PRACTI	Name (Typed or So HN B SRAY	mp Title President