

No. 85397	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX CRAIG A. SINKINSON 645 RIVER ROAD HAGERMAN ID 83332																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720  NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> CRAIG ALAN SINKINSON, M.D., CRAIG A. SINKINSON P.O. BOX 659  HAGERMAN ID 83332	3. Incorporated Under The Laws of ID NO: 085397																								
4. Names and Addresses of Officers and Directors <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>CRAIG A. SINKINSON, M.D.</td> <td>P.O. Box 659</td> <td>HAGERMAN</td> <td>ID</td> <td>83332</td> </tr> <tr> <td>Secretary:</td> <td>MARILEE J. KURACWA, M.D.</td> <td>P.O. Box 659</td> <td>HAGERMAN</td> <td>ID</td> <td>83332</td> </tr> <tr> <td>Directors:</td> <td colspan="5">SAME AS ABOVE</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	CRAIG A. SINKINSON, M.D.	P.O. Box 659	HAGERMAN	ID	83332	Secretary:	MARILEE J. KURACWA, M.D.	P.O. Box 659	HAGERMAN	ID	83332	Directors:	SAME AS ABOVE				
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5. Nature of Business PHYSICIAN SERVICES	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 <u>Craig A. Sinkinson, M.D.</u> Date <u>7/9/91</u> Name <small>(Typed or Printed)</small> <u>OCRAIG A. SINKINSON, M.D.</u> Title <u>PRESIDENT</u>																									