

No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form 1992 <i>Due No Later Than November 1,</i> 1. Mailing Address — Please Correct, If Not Correct R. K. ARBON, M.D., P.A. R.K. ARBON, M.D. 2860 CHANNING WAY, SUITE IDAHO FALLS ID 83401 0000	2. Registered Agent and Office NOT A P.O. BOX R.K. ARBON, M.D. 2860 CHANNING WAY, SUITE IDAHO FALLS ID 83401 3. Incorporated Under The Laws of NO: 65631																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>R.K. ARBON, M.D.</td> <td>1860 MALIBU,</td> <td>IDAHO FALLS,</td> <td>IDAHO</td> <td>83404</td> </tr> <tr> <td>Secretary:</td> <td>MARY ELLEN ARBON</td> <td>SAME ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>R.K. ARBON, M.D.</td> <td>SAME ADDRESS</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	R.K. ARBON, M.D.	1860 MALIBU,	IDAHO FALLS,	IDAHO	83404	Secretary:	MARY ELLEN ARBON	SAME ADDRESS				Directors:	R.K. ARBON, M.D.	SAME ADDRESS			
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5. Nature of Business PHYSICIAN	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</td> </tr> <tr> <td><i>R.K. Arbon MD</i></td> <td>7-11-92</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>R.K. ARBON MD</td> <td>PM</td> </tr> </table>		Signature	Date	<i>R.K. Arbon MD</i>	7-11-92	Name (Typed or Printed)	Title	R.K. ARBON MD	PM																
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