

No. 073116	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise ID 83720 SEC. OF STATE	Due No Later Than November 1, 1988		JEFFREY L. CHANDLER, DPM 124 WEST STATE STREET BOISE, IDAHO 83702																					
	1. Mailing Address — Please Correct 073116																							
	JEFFREY L. CHANDLER, D.P.M., P.A. JEFFREY L. CHANDLER, DPM 124 WEST STATE STREET BOISE, IDAHO 83702		3. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Jeffrey L. Chandler Dpm</td> <td>124 W. State</td> <td>Boise</td> <td>Idaho</td> <td>83702</td> </tr> <tr> <td>Secretary: Susan C. Chandler Dpm</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Jeffrey L. Chandler Dpm	124 W. State	Boise	Idaho	83702	Secretary: Susan C. Chandler Dpm					Directors:				
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Directors:																								
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. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Jeffrey L. Chandler Dpm P.A.</td> <td>8-12-88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>Jeffrey L. Chandler Dpm</td> <td>President</td> </tr> </table>			Signature	Date	Jeffrey L. Chandler Dpm P.A.	8-12-88	Name (Typed or Printed)	Title	Jeffrey L. Chandler Dpm	President												
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