

No. 86586	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		PETER C. JONES																					
	1. Mailing Address Please Correct If Not Correct		2121 IRONWOOD CENTER DRIV																					
	COEUR D'ALENE SURGERY CENTE PETER C. JONES 2121 IRONWOOD CENTER DRIV		COEUR D'ALENE ID 83814																					
	COEUR D'ALENE ID 83814		3. Incorporated Under The Laws of ID NO: 086586																					
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: Peter C JONES, MD</td> <td>42109 NARRISON</td> <td>COEUR D'</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Secretary: KATHLEEN Z JONES</td> <td>DR</td> <td>ALENE</td> <td></td> <td></td> </tr> <tr> <td>Directors: AS ABOVE</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Peter C JONES, MD	42109 NARRISON	COEUR D'	ID	83814	Secretary: KATHLEEN Z JONES	DR	ALENE			Directors: AS ABOVE				
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Directors: AS ABOVE																								
5. Nature of Business PLASTIC & RECONSTRUCTIVE SURGERY		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>Peter C. Jones, MD</td> <td>7/8/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>Peter C. Jones, MD</td> <td>President</td> </tr> </table>			Signature	Date	Peter C. Jones, MD	7/8/91	Name (Typed or Printed)	Title	Peter C. Jones, MD	President												
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