		ition Annual Report Form	Registered Agent and Office		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1987 1. Mailing Address — Please Correct G67961 JOHN L. MARTIN, M.D., P.A., JOHN L. MARTIN 692 MOUNTAIN VIEW TWIN FALLS, JOHN 8 #3301 s and Directors		JOHN L. MARTIN 692 MOUNTAIN VIEW THIN FALLS, IDAHU 83301 3. Incorporated Under The Laws of SEP 17		
SEA.					SEP 17:
	Name	Street or P.O. Address	<u>City</u>	State	Zip
President: JOHN L. MAI Secretary: MARY KAY M Directors: JOHN & MARY		692 MOUNTAIN VIEW 692 MOUNTAIN VIEW SAME	TWIN FALLS, TWIN FALLS, SAME	IDA.	83301 83301
5. Nature of Business PATHOLOGIST	Signature Name (Typed or Printed)	nat this Annual Report has been except and complete JOHN L. MARTIN	Date	est of my	87