

|   |   |  |   |
|---|---|--|---|
| No. 42397   | <b>Idaho Corporation Annual Report Form</b>                               |  | 2. Registered Agent and Office                              |
| Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br><br>SEC. OF STATE<br><br>NO FEE REQUIRED<br>89 SEP 18 AM 8 42 | Due No Later Than November 1, 1989  |  | DROSTAN H. BAKER, M.D.<br>1875 JOHN ADAMS PARKWAY           |
|   | 1. Mailing Address — Please Correct 42397                                 |  |   |
|   | BAKER AND CHRISTENSEN, PROFESSIO<br>D. J. SIMPSON<br>115 EAST 16TH STREET |  | IDAHO FALLS ID 83401  |
|   | IDAHO FALLS ID 83401  |  | 3. Incorporated Under The Laws<br>of IDAHO<br><br>NO: 42397 |

## 4. Names and Addresses of Officers and Directors

|            | <u>Name</u>               | <u>Street or P.O. Address</u> | <u>City</u>        | <u>State</u> | <u>Zip</u> |
|------------|---------------------------|-------------------------------|--------------------|--------------|------------|
| President: | DROSTAN H. BAKER, M. D.   | 115 EAST 16TH STREET          | IDAHO FALLS, IDAHO |              | 83401      |
| Secretary: | KAY L. CHRISTENSEN, M. D. | 115 EAST 16TH STREET          | IDAHO FALLS, IDAHO |              | 83401      |
| Directors: | DROSTAN H. BAKER, M. D.   | 115 EAST 16TH STREET          | IDAHO FALLS, IDAHO |              | 83401      |
|            | KAY L. CHRISTENSEN, M. D. | 115 EAST 16TH STREET          | IDAHO FALLS, IDAHO |              | 83401      |

## 5. Nature of Business

MEDICAL CLINIC

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

Name (Typed or Printed)

Drostan H. Baker M.D.  
Drostan H. Baker, M. D.

Date

August 24, 1989

Title

President