

No. 073520 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 Forfeited 12/2/91 REINSTATEMENT FEE: \$40.00	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993 1. Mailing Address -- Please Correct SOUTHEAST IDAHO MEDICAL CLINICS, P.A. STEPHEN C. JOHNSON P O BOX 161 MALAD ID 83252	2. Registered Agent and Office STEPHEN C. JOHNSON 230 W 200 N MALAD ID 83252 3. Incorporated Under The Laws of ID 073520																								
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>Stephen C. Johnson</td> <td>230 W. 200 N.</td> <td>Malad</td> <td>ID</td> <td>83252</td> </tr> <tr> <td>Secretary:</td> <td>Sherrie Johnson</td> <td>230 W. 200 N.</td> <td>Malad</td> <td>ID</td> <td>83252</td> </tr> <tr> <td>Directors:</td> <td></td> <td></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:	Stephen C. Johnson	230 W. 200 N.	Malad	ID	83252	Secretary:	Sherrie Johnson	230 W. 200 N.	Malad	ID	83252	Directors:					
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Directors:																										
5. Nature of Business Medical Office	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 <u>Stephen C. Johnson D.O.</u> Date <u>1/24/94</u> Name (Typed or Printed) <u>Stephen C. Johnson</u> Title <u>President</u>																									