

ISSUED: 07-05-1994

No. 68454	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office H. GRANT REED, M.D. 763 S. WOODRUFF																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — H. GRANT REED, M.D.P.A. H. GRANT REED, M.D. 763 S. WOODRUFF IDAHO FALLS ID 83404		IDAHO FALLS ID 83404 3. Incorporated Under The Laws of ID NO: 68454																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <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:</td> <td>H. Grant Reed, M.D.</td> <td>763 S. Woodruff</td> <td>Idaho Falls,</td> <td>Id</td> <td>83404</td> </tr> <tr> <td>Secretary:</td> <td>Joan Reed</td> <td>763 S. Woodruff</td> <td>Idaho Falls,</td> <td>Id</td> <td>83404</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	H. Grant Reed, M.D.	763 S. Woodruff	Idaho Falls,	Id	83404	Secretary:	Joan Reed	763 S. Woodruff	Idaho Falls,	Id	83404	Directors:					
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Secretary:	Joan Reed	763 S. Woodruff	Idaho Falls,	Id	83404																							
Directors:																												
5. Nature of Business Medical Practice		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="0"> <tr> <td>Signature</td> <td>Date 7/11/94</td> </tr> <tr> <td>Name (Typed or Printed) H. Grant Reed, M.D.</td> <td>Title President</td> </tr> </table>			Signature	Date 7/11/94	Name (Typed or Printed) H. Grant Reed, M.D.	Title President																				
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