

No. 85541	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990	PATRICIA J. EVANS M.D. P.O. BOX 453
	1. Mailing Address — Please Correct	BELLEVUE ID 83313 190
	PATRICIA J. EVANS, M.D., P.A PATRICIA J. EVANS M.D., P. P.O. BOX 453 BELLEVUE ID 83313	3. Incorporated Under The Laws of ID NO: 085541

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:	Patricia J. Evans M.D.	P.O. Box 453	Bellevue	ID	83313
Secretary:	Bill Bozzone	P.O. Box	Harley	ID	83313
Directors:					

5. Nature of Business

Medical Service.

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)

Patricia J. Evans
President

Date
Title

7-19-90