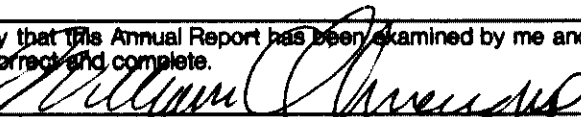


No. 55998 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 88 JUL 13 AM 10 32	Idaho Corporation Annual Report Form Due No Later Than November 1, 1988 1. Mailing Address — Please Correct 55998 WILLIAM C. OWENS, M.D., P.A. WILLIAM C. OWENS 6016 EMERALD ST. BOISE, IDAHO 83704	2. Registered Agent and Office WILLIAM CHASE OWENS, M.D. 6016 EMERALD ST. BOISE IDAHO 83704 3. Incorporated Under The Laws of STATE OF IDAHO																								
4. Names and Addresses of Officers and Directors <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:25%; text-align: center;"><u>Name</u></th> <th style="width:30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width:10%; text-align: center;"><u>City</u></th> <th style="width:10%; text-align: center;"><u>State</u></th> <th style="width:10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>William C. Owens, M.D.</td> <td>6016 Emerald</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Secretary:</td> <td>Sally J. Owens</td> <td>3509 Kipling</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Directors:</td> <td>William C. Owens, M.D.</td> <td>same</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:	William C. Owens, M.D.	6016 Emerald	Boise	ID	83704	Secretary:	Sally J. Owens	3509 Kipling	Boise	ID	83706	Directors:	William C. Owens, M.D.	same			
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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:  Name (Typed or Printed) William C. Owens, M.D. Date 7/8/88 Title President																									

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JUL 13 1988