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| No. 78228<br><br>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 25 AM 8 55 | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1989<br><br>1. Mailing Address — Please Correct 78228<br><del>SAINT ALPHONSUS MAGNETIC RESONANCE</del><br><del>SR. PATRICIA VANDENBERG</del> DIVERSIFIED<br>1055 N. CURTIS RD. CARE, INC.<br>CHRIS ANTON<br>BOISE ID 83706 | 2. Registered Agent and Office<br><del>STR. PATRICIA VANDENBERG</del> CHRIS<br>1055 NORTH CURTIS ROAD Anton<br>BOISE ID 83706<br><br>3. Incorporated Under The Laws<br>of IDAHO<br><br>NO: 78228 |
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## 4. Names and Addresses of Officers and Directors

|            | Name             | Street or P.O. Address | City  | State | Zip   |
|------------|------------------|------------------------|-------|-------|-------|
| President: | CHRIS ANTON      | 1055 N. CURTIS         | BOISE | ID    | 83706 |
| Secretary: | VINCENT KURAITIS | "                      | "     | "     | "     |
| Directors: | KARL KUATZ       | "                      | "     | "     | "     |

Letter sent 9/26/89 CH

5. Nature of Business  
HEALTH CARE SUPPORT SERVICES

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)

CHRIS ANTON

Date

Title

9/20/89

PRESIDENT