	INSTRUCTION	ONS ON REVERSE SIDE	<b></b>	•
No. 46134	34 Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To	Due No Later Than November 1,1991		JERROLD E. PARK 720 COLLEGE AVE.	
Secretary of State Room 203, Statehouse Boise, ID 83720	1 Mailing Address - Please Correct II Not Correct			
	ST. JOE VALLEY CLINIC, PROF D. G. HENRIKSEN, M.D. 229 SOUTH 8TH STREET		ST. MARIES	ID R3Ro1
			Incorporated Under The Laws     of	
NO FEE REQUIRED	ST. MARIES	ID 83861	NO: 046134	
4. Names and Addresses of Office	ers and Directors	***************************************		
	Name	Street or P.O. Address	<u>City</u>	State Zip TD. 83861
President: D.G. HENRI	KSEN M.D. 22	9-504TH 8TH	ST. MAPIES	IP. 83861
Secretary: J.R. KATOV	UCH JR.MD	<b>)</b> 1	K	#
Directors: V.D. R. BAINE		14	11	4
TREASURER D.J. LUTH	ed, mid.	A	le	ri e
Bus, Mar Aursec, R.J	HENRIKSEN	. A	4	11
5. Nature of Business	6. I certify that	this Annual Report has been ex	amined by me and is to the	best of my knowledge
MEDICAL CLINIC	true, correct and complete.  Signature  Date 1-9-91			
	Name (7) pad or	7.6. HENRIKSEN	24 ( 4 ) 246	RES.
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