

## INSTRUCTIONS ON REVERSE SIDE

No. 062905	Idaho Corporation Annual Report Form Due No Later Than November 1, 1988		2. Registered Agent and Office																				
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720-0203  SEC. OF STATE  88 AUG 3 AM 8 43	1. Mailing Address — Please Correct 062905  JAMES T. ANNEST, M.D., P.A. JAMES T. ANNEST, M.D. 2014 MOUNTAIN VIEW CIRCLE TWIN FALLS, IDAHO 83301		JAMES T. ANNEST, M.D. 2014 MOUNTAIN VIEW CIRCLE TWIN FALLS, IDAHO 83301 RECEIVED 1988 STATE OF IDAHO																				
4. Names and Addresses of Officers and Directors																							
<table border="0"> <thead> <tr> <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: JAMES T. ANNEST, M.D.</td> <td>2014 Mtn View Cir</td> <td>Twin Falls</td> <td>Ida</td> <td>83301</td> </tr> <tr> <td>Secretary: DEBRA L. ANNEST</td> <td>^ " " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors: <u>Same as above</u></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President: JAMES T. ANNEST, M.D.	2014 Mtn View Cir	Twin Falls	Ida	83301	Secretary: DEBRA L. ANNEST	^ " " "	"	"	"	Directors: <u>Same as above</u>				
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Directors: <u>Same as above</u>																							
5. Nature of Business <i>Provide Medical Services</i>	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 (Type or Print) <i>James T. Annest, M.D.</i>		Date 8/1/88	Title <i>President</i>																				