INSTRUCTIONS ON REVERSE SIDE

No. 68708	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX ROYALYNN CASE		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720					
	1, Mailing Address -	1441 N.E. 10	41 N.E. 10TH AVE		
	VALLEY FAMILY HEALTH CAPE, INC ROYALYNN CASE 1441 N.E. 10TH AVE		PAYETTE	ID	83661
			3. Incorporated Under The Laws of		
** FINAL NOTICE ** NO FEE REQUIRED	PAYETTE	ID 83661 0000	NO: 068708		
4. Names and Addresses of Officers	and Directors				
	Name	Street or P.O. Address	City	State	Zip
	Bowman lenzuela roulek l rter Zelf	2300 Roxy Circle 1107 1st Ave. S. 2710 Center Ave. 2647 Payette Heights 3243 SW 18th Ave. 2001 Cove Rd. 744 Columbia Ave. as at this time. 7 Reed St.	Payette Payette Payette Payette Ontario Weiser Nyssa Payette	ID ID ID OR ID OR	83661 83661 83661 83661 97914 83672 97913
5. Nature of Business Medical Clinic	6. I certify to true, corresponding to the true, corresponding to the true true true true true true true tru	that this Annual Report has been exampled and controllete. Roya 7 nn Case	Marchand Date 10/	best of my Bowman 18/91 cutive D	Sec/Tr