

No. 70421	Idaho Corporation Annual Report Form		2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE NO FEE REQUIRED 89 OCT 26 PM 9 10	Due No Later Than November 1, 1989		CHARLES R. FALTER
	1. Mailing Address — Please Correct 70421		BOX 729, KANIKSU MEDICAL CLINIC
	CHARLES R. FALTER, D.O., P.A. CHARLES R. FALTER BOX 729, PRIEST RIVER MED. CLIN		PRIEST RIVER ID 83856
PRIEST RIVER ID 83856		3. Incorporated Under The Laws of IDAHO NO: 70421	

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Charles R. Falter, D.O.	P.O. Box 729	Priest River,	Idaho	83856
Secretary:	Mary L. Gonzalez	HCR 5 Box 60A	Priest River,	Idaho	83856
Directors:	Charles R. Falter, D.O.	P.O. Box 729	Priest River,	Idaho	83856

5. Nature of Business

Family Physician

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)



Charles R. Falter, D.O.

Date

October 17, 1989

Title

President