




No. 67733 Return To REINSTATEMENT Secretary of State Room 203, Statehouse Boise, ID 83720 90 DEC 11 11 18 AM '90 FINAL NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1.</i> 1. Mailing Address — Please Correct INTERMOUNTAIN HAND CLINIC, WILLIAM D. LENZI, M.D. 914 NORTH CURTIS BOISE ID 83706	2. Registered Agent and Office WILLIAM D. LENZI 914 NORTH CURTIS BOISE ID 83706 3. Incorporated Under The Laws of ID NO: 067733																				
4. Names and Addresses of Officers and Directors <table border="1"> <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:</td> <td>William D. Lenzi, M.D.</td> <td>914 N. Curtis</td> <td>Boise,</td> <td>ID 83706</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President:	William D. Lenzi, M.D.	914 N. Curtis	Boise,	ID 83706	Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																		
President:	William D. Lenzi, M.D.	914 N. Curtis	Boise,	ID 83706																		
Secretary:																						
Directors:																						
5. Nature of Business medical clinic	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>  Name (Typed or Printed) </td> <td>11-1-90</td> </tr> <tr> <td></td> <td>Title</td> </tr> <tr> <td></td> <td>President</td> </tr> </table>		Signature	Date	 Name (Typed or Printed)	11-1-90		Title		President												
Signature	Date																					
 Name (Typed or Printed)	11-1-90																					
	Title																					
	President																					

 ENTERED
 DEC 1 1 1990