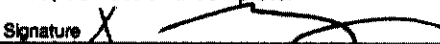
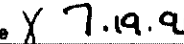
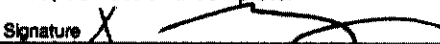
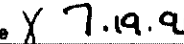
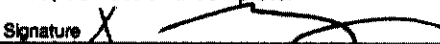
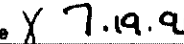


No. 06519	Idaho Corporation Annual Report Form Due No Later Than November 7, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		MICHAEL O. HUNTINGTON M.D 2001 S. WOODRUFF, #7 IDAHO FALLS ID 83401																									
	M. O. HUNTINGTON, M.D. P.A. MICHAEL O. HUNTINGTON M.D 2001 S. WOODRUFF, STE. 7 IDAHO FALLS ID 83401		3. Incorporated Under The Laws of ID NO: 066519																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Michael O. Huntington</td> <td>309 Homestead Lane</td> <td>Idaho Falls,</td> <td>Idaho</td> <td>83404</td> </tr> <tr> <td>Secretary:</td> <td>Janice Huntington</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Michael O. Huntington</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Michael O. Huntington	309 Homestead Lane	Idaho Falls,	Idaho	83404	Secretary:	Janice Huntington	"	"	"	"	Directors:	Michael O. Huntington	"	"	"	"
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5. Nature of Business Medical Practice		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> <tr> <td>Signature </td> <td>Date </td> </tr> <tr> <td>Name (Typed or Printed) Michael O. Huntington</td> <td>Title President</td> </tr> </table>			Signature 	Date 	Name (Typed or Printed) Michael O. Huntington	Title President																				
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