

No.	<b>Idaho Corporation Annual Report Form</b> <b>1992</b> Due No Later Than November 1,	2. Registered Agent and Office NOT A P.O. BOX <b>EDWARD A. SHAPIRO, M.D.</b> <del>420 6TH AVENUE</del> <b>324 5th Street</b> <b>LEWISTON</b> ID 83501
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address <i>Please Correct, If Not Correct</i> <b>EDWARD A. SHAPIRO, M.D., P.A.</b> <b>EDWARD A. SHAPIRO, M.D.</b> <b>DRAWER 1510</b>  <b>LEWISTON</b> ID 83501 0000	3. Incorporated Under The Laws of <b>NO: 65374</b>

## 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:	Edward A. Shapiro M.D.	324 5th Street	Lewiston	ID	83501
Secretary:	Edward A. Shapiro M.D.				
Directors:					

## 5. Nature of Business

physician  
(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.

Signature

 (Typed or  
Name Printed)

 Edward A. Shapiro M.D.  
 Edward A. Shapiro M.D.

Date

Title

 7/15/92  
 President