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

4. Names and Addresses of Officers and Directors

| | Name | Street or P.O. Address | City | State | Zip |
|------------|-------------------------|------------------------|----------|-------|-------|
| 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 Edward A. Shapiro
Name (Type or Printed) Edward A. Shapiro, M.D.

Date 7/15/92
Title President