

| No. 055552  | Idaho Corporation Annual Report Form  |  | 2. Registered Agent and Office  |       |       |  |      |                        |      |       |     |            |              |               |       |    |       |            |               |     |   |   |   |            |  |  |  |  |  |
|---|---|--|---|-------|-------|--|------|------------------------|------|-------|-----|------------|--------------|---------------|-------|----|-------|------------|---------------|-----|---|---|---|------------|--|--|--|--|--|
| Return To<br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br>RECEIVED<br>SEC. OF STATE<br>JUL 10 1988 PM 10 29   | Due No Later Than November 1, 1988  |  | MARTIN, CHAPMAN ETC.<br>SUITE 800 1 CAP CENT BOX<br>BOISE, IDAHO<br>83702 |       |       |  |      |                        |      |       |     |            |              |               |       |    |       |            |               |     |   |   |   |            |  |  |  |  |  |
|   | 1. Mailing Address — Please Correct 055552<br>JOSEPH PATRICK FETZEK, M.D., P.A.<br>JOSEPH P. FETZEK, M.D.,<br>6003 OVERLAND ROAD<br>BOISE, IDAHO<br>83709 |  |   |       |       | 3. Incorporated Under The Laws<br>of<br>STATE OF IDAHO |      |                        |      |       |     |            |              |               |       |    |       |            |               |     |   |   |   |            |  |  |  |  |  |
| 4. Names and Addresses of Officers and Directors  |   |  |   |       |       |  |      |                        |      |       |     |            |              |               |       |    |       |            |               |     |   |   |   |            |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th></th> <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>J. P. Fetzek</td> <td>6003 OVERLAND</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Secretary:</td> <td>NARIN HICKMAN</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |  |   |       |       |  | Name | Street or P.O. Address | City | State | Zip | President: | J. P. Fetzek | 6003 OVERLAND | Boise | ID | 83709 | Secretary: | NARIN HICKMAN | " " | " | " | " | Directors: |  |  |  |  |  |
|   | Name  | Street or P.O. Address   | City  | State | Zip   |  |      |                        |      |       |     |            |              |               |       |    |       |            |               |     |   |   |   |            |  |  |  |  |  |
| President:  | J. P. Fetzek  | 6003 OVERLAND  | Boise   | ID    | 83709 |  |      |                        |      |       |     |            |              |               |       |    |       |            |               |     |   |   |   |            |  |  |  |  |  |
| Secretary:  | NARIN HICKMAN   | " "  | "   | "     | "     |  |      |                        |      |       |     |            |              |               |       |    |       |            |               |     |   |   |   |            |  |  |  |  |  |
| Directors:  |   |  |   |       |       |  |      |                        |      |       |     |            |              |               |       |    |       |            |               |     |   |   |   |            |  |  |  |  |  |
| 5. Nature of Business<br>Medical  |   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature: <i>J. P. Fetzek</i><br>Name (Typed or Printed): JOSEPH P. FETZEK<br>Date: 7/17/88<br>Title: M.D. |   |       |       |  |      |                        |      |       |     |            |              |               |       |    |       |            |               |     |   |   |   |            |  |  |  |  |  |