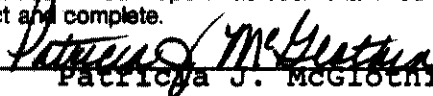
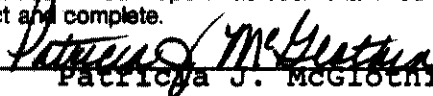
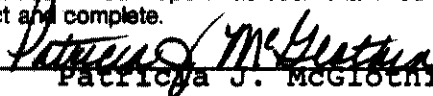


No. 54435  Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  NO FEE REQUIRED	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991 1. Mailing Address: Please Correct If Not Correct LYNN C. MCGLOTHIN, M.D., PR LYNN C. MCGLOTHIN, M.D. 333 NORTH FIRST, #240  BOISE ID 83702	2. Registered Agent and Office NOT A P.O. BOX LYNN C. MC GLOTHIN, M.D. 333 NO. 1ST. #240  BOISE ID 83702 3. Incorporated Under The Laws of ID NO: 054435																				
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>Lynn C. McGlothlin</td> <td>333 North First #240</td> <td>Boise, ID</td> <td>83702</td> </tr> <tr> <td>Secretary:</td> <td>Patricia J. McGlothlin</td> <td>333 North First #240</td> <td>Boise, ID</td> <td>83702</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:	Lynn C. McGlothlin	333 North First #240	Boise, ID	83702	Secretary:	Patricia J. McGlothlin	333 North First #240	Boise, ID	83702	Directors:				
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Directors:																						
5. Nature of Business Medical Office	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>           Patricia J. McGlothlin       </td> <td>7/12/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>Patricia J. McGlothlin</td> <td>Secretary</td> </tr> </table>		Signature	Date	 Patricia J. McGlothlin	7/12/91	Name (Typed or Printed)	Title	Patricia J. McGlothlin	Secretary												
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