

No. 48624	Idaho Corporation Annual Report Form		2. Registered Agent and Office
Return To	Due No Later Than November 1, 1990		JOHN W. GERWELS 3323 FOURTH ST.
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct		LEWISTON ID 83501
	LEWISTON DERMATOLOGY, P.A. JOHN W. GERWELS, M.D. 3323 4TH ST 1016 S. Donner Way SALT LAKE CITY, UTAH 84108 LEWISTON ID 83501		3. Incorporated Under The Laws of ID NO: 048624
NO FEE REQUIRED			

4. Names and Addresses of Officers and Directors				
President: Secretary: Directors:	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
	JOHN W. GERWELS	1016 S. DONNER WAY	SALT LAKE	UT 84108
5. Nature of Business				
DERMATOLOGY				
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		<i>John W. Gerwels</i>		Date 7-16-90
Name (Typed or Printed)		JOHN W. GERWELS		Title Pres.