

No. C107080	Annual Report Form 1990 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MICHAEL S. BARON, M.D., P.S. 619 S WASHINGTON ST STE 101 SE 1256 BISHOP BLVD STE 1 MOSCOW ID 8343-3043 PULLMAN WA 99153		MICHAEL S BARON RT 1 BOX 45 GENESEE ID 83832 3. Organized Under the Laws of: WA C107080													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																
<table border="0"> <thead> <tr> <th>Office held</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>Michael S. Baron</td> <td>RT 1 Box 45</td> <td>Geneeseo</td> <td>ID</td> <td>83832</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Michael S. Baron	RT 1 Box 45	Geneeseo	ID	83832
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Michael S. Baron	RT 1 Box 45	Geneeseo	ID	83832											
5. NATURE OF BUSINESS UROLOGY		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 <u>[Signature]</u> Date <u>10/21/96</u> Name (Typed or Printed) <u>Michael S. Baron</u> Title <u>President</u>														

ISSUED: 07-06-1995

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