

ISSUED: 07-01-1997

No. 62192	Idaho Corporation Annual Report Form		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1997		RICHARD W. WILSON 999 NORTH CURTIS  BOISE ID 83706																									
	1. Mailing Address: <i>Please Print or Type Name</i>  RICHARD W. WILSON, M.D., P.A. RICHARD W. WILSON, MD 999 NORTH CURTIS  BOISE ID 83706		3. Incorporated Under The Laws of ID NO: 62192																									
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b> <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>Richard W. wilson, M.D.</td> <td>999 N. Curtis Rd.</td> <td>Boise,</td> <td><del>Idaho</del></td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>Jacque Wilson</td> <td></td> <td></td> <td><i>Idaho</i></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Richard W. Wilson, M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Richard W. wilson, M.D.	999 N. Curtis Rd.	Boise,	<del>Idaho</del>	83706	Secretary:	Jacque Wilson			<i>Idaho</i>		Directors:	Richard W. Wilson, M.D.	"	"	"	"
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Directors:	Richard W. Wilson, M.D.	"	"	"	"																							
5. Nature of Business  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.  <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>[Signature]</i></td> <td>8/13/93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>Richard W. Wilson, M.D.</td> <td>President</td> </tr> </table>				Signature	Date	<i>[Signature]</i>	8/13/93	Name (Typed or Printed)	Title	Richard W. Wilson, M.D.	President																
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