




No. 70421	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailed Address: <i>Please Correct, If Not Correct</i>		CHARLES R. FALTER BOX 729, KANIKSU MEDICAL C PRIEST RIVER ID 83856																									
	CHARLES R. FALTER, D.O., P. CHARLES R. FALTER BOX 729, PRIEST RIVER MED. PRIEST RIVER ID 83856		3. Incorporated Under The Laws of ID NO: 070421																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Charles R. Falter, D.O.</td> <td>POB 729</td> <td>Priest River</td> <td>ID</td> <td>83856</td> </tr> <tr> <td>Secretary:</td> <td></td> <td>219 Main St.</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>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Charles R. Falter, D.O.	POB 729	Priest River	ID	83856	Secretary:		219 Main St.				Directors:					
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Secretary:		219 Main St.																										
Directors:																												
5. Nature of Business Medical Clinic		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="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>Oct. 15, 1991</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Charles R. Falter, D.O.</td> <td>Title</td> <td>President</td> </tr> </table>			Signature		Date	Oct. 15, 1991	Name (Typed or Printed)	Charles R. Falter, D.O.	Title	President																
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