

ISSUED OCTOBER 12, 1989

No. 67733 Return To Secretary of State Room 203 Statehouse Boise ID 83720 * FINAL NOTICE ** NO FEE REQUIRED NOV 10 11	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1989</i> 1. Mailing Address — Please Correct 67733 INTERMOUNTAIN HAND CLINIC, P.A. WILLIAM D. LENZI, M.D. 914 NORTH CURTIS BOISE ID 83706	2. Registered Agent and Office WILLIAM D. LENZI 914 NORTH CURTIS BOISE ID 83706 3. Incorporated Under The Laws of IDAHO NO: 67733																								
4. Names and Addresses of Officers and Directors <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>William Lenzi, M.D.</td> <td>914 N. Curtis</td> <td>Boise,</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></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>				Name	Street or P.O. Address	City	State	Zip	President:	William Lenzi, M.D.	914 N. Curtis	Boise,	ID	83709	Secretary:						Directors:					
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President:	William Lenzi, M.D.	914 N. Curtis	Boise,	ID	83709																					
Secretary:																										
Directors:																										
5. Nature of Business	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 11/1/89</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> </table>		Signature	Date 11/1/89	Name (Typed or Printed)	Title																				
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