

No. 78695	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office NOT A P.O. BOX																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>   NO FEE REQUIRED	Due No Later Than November 1, 1991		*JAMES J. STOCKARD, M.D.																									
	1 Mailing Address - Please Correct If Not Correct		307 ST. JOHN'S WAY																									
	NEURODIAGNOSTIC ASSOCIATES, JAMES J. STOCKARD, M.D. <del>307 ST. JOHN'S WAY.</del> 338 6th St. LEWISTON ID 83501		LEWISTON ID 83501  3. Incorporated Under The Laws of ID NO: 078695																									
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>James J. Stockard, M.D.</td> <td>338 6th St</td> <td>Lewiston</td> <td>ID</td> <td>83501</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:	James J. Stockard, M.D.	338 6th St	Lewiston	ID	83501	Secretary:						Directors:					
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President:	James J. Stockard, M.D.	338 6th St	Lewiston	ID	83501																							
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 (Typed or Printed)</td> <td><i>James J. Stockard</i></td> <td>Date</td> <td>7/8/91</td> </tr> <tr> <td>Name</td> <td></td> <td>Title</td> <td></td> </tr> </table>				Signature (Typed or Printed)	<i>James J. Stockard</i>	Date	7/8/91	Name		Title																	
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