

No. 46611	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 Mailing Address Please Correct If Not Correct	CHARLES R. BOGE, M.D. 1452 THREE FOUNTAINS DRIV IDAHO FALLS ID 83404																				
	CHARLES R. BOGE, P.A. CHARLES R. BOGE 1452 THREE FOUNTAINS DRIV IDAHO FALLS ID 83404	3. Incorporated Under The Laws of ID NO: 046611																				
4. Names and Addresses of Officers and Directors																						
President: Secretary: Directors:	<table border="0"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Charles R. Boge, MD</td> <td>1452 Three Fountains Dr</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>L. Janice Boge</td> <td>" " " " " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Same</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Street or P.O. Address	City	State	Zip	Charles R. Boge, MD	1452 Three Fountains Dr	Idaho Falls	ID	83404	L. Janice Boge	" " " " " "	"	"	"	Same				
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L. Janice Boge	" " " " " "	"	"	"																		
Same																						
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.																					
Medicine	<table border="0"> <tr> <td>Signature</td> <td><i>Charles R. Boge, MD</i></td> <td>Date</td> <td>1 Sep 91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Charles R. Boge, MD</td> <td>Title</td> <td>President</td> </tr> </table>		Signature	<i>Charles R. Boge, MD</i>	Date	1 Sep 91	Name (Typed or Printed)	Charles R. Boge, MD	Title	President												
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