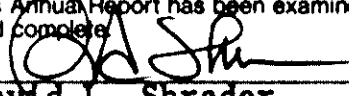
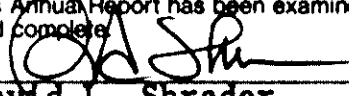
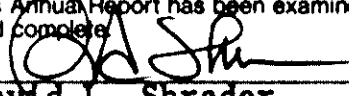


ISSUED: 07-05-1994

No. 59821	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	<i>Due No Later Than November 1, 1994</i>		DAVID L. SHRADER 2001 S. WOODRUFF, STE. 12A IDAHO FALLS ID 83401																									
	DAVID L. SHRADER, P.A. DAVID L. SHRADER 2001 WOODRUFF, STE. 12A IDAHO FALLS ID 83401																											
			3. Incorporated Under The Laws of ID NO: 59821																									
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>David L. Shrader</td><td>626 E. 65 S.</td><td>Idaho Falls,</td><td>Id</td><td>83404</td></tr><tr><td>Secretary:</td><td>Susan N. Shrader</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>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	David L. Shrader	626 E. 65 S.	Idaho Falls,	Id	83404	Secretary:	Susan N. Shrader	"	"	"	"	Directors:					
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Directors:																												
5. Nature of Business Medical		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>7-18-94</td></tr><tr><td>Name (Typed or Printed)</td><td>David L. Shrader</td><td>Title</td><td>Pres</td></tr></table>			Signature		Date	7-18-94	Name (Typed or Printed)	David L. Shrader	Title	Pres																
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