

No. 67410	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	Due No Later Than November 1, 1994		WINSTON V. BEARD 683 NORTH CAPITAL																															
	1. Mailing Address — JOHN E. LILJENQUIST, M.D. PROFE WINSTON V. BEARD P.O. BOX 51718 IDAHO FALLS ID 83405	IDAHO FALLS ID 83401 3. Incorporated Under The Laws of ID NO: 67410																																
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>John E. Liljenquist</td><td>358 W 49 South</td><td>Idaho Falls</td><td>ID</td><td>83404</td></tr><tr><td>Secretary:</td><td>Colleen R. Liljenquist</td><td>358 W 49 South</td><td>Idaho Falls</td><td>ID</td><td>83404</td></tr><tr><td>Directors:</td><td>John E. Liljenquist</td><td></td><td></td><td></td><td></td></tr><tr><td>Asst. Secretary:</td><td>Winston V. Beard</td><td>P.O. Box 51718</td><td>Idaho Falls</td><td>ID</td><td>83405</td></tr></tbody></table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	John E. Liljenquist	358 W 49 South	Idaho Falls	ID	83404	Secretary:	Colleen R. Liljenquist	358 W 49 South	Idaho Falls	ID	83404	Directors:	John E. Liljenquist					Asst. Secretary:	Winston V. Beard	P.O. Box 51718	Idaho Falls	ID	83405
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																													
President:	John E. Liljenquist	358 W 49 South	Idaho Falls	ID	83404																													
Secretary:	Colleen R. Liljenquist	358 W 49 South	Idaho Falls	ID	83404																													
Directors:	John E. Liljenquist																																	
Asst. Secretary:	Winston V. Beard	P.O. Box 51718	Idaho Falls	ID	83405																													
5. Nature of Business Medicine and surgery		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Winston V. Beard</u> Date <u>9/23/94</u> Name <small>(Typed or Printed)</small> <u>Winston V. Beard</u> Title <u>Asst. Secretary</u>																																