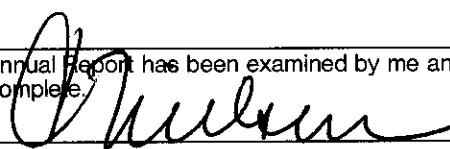


No. 61787 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — <i>Please Correct</i> CANTRIL NIELSEN, M.D., P.A. SUITE 123 1471 SHORELINE DRIVE BOISE ID 83702	2. Registered Agent and Office CANTRIL NIELSEN 1471 SHORELINE DR., STE. 1 BOISE ID 83702 19 3. Incorporated Under The Laws of ID NO: 061787
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4. Names and Addresses of Officers and Directors					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	CANTRIL NIELSEN	6355 PLANTATION	BOISE	ID	83703
Secretary:	SHARON NIELSEN	6355 PLANTATION	BOISE	ID	83703
Directors:	CANTRIL NIELSEN	6355 PLANTATION	BOISE	ID	83703
	SHARON NIELSEN	6355 PLANTATION	BOISE	ID	83703

5. Nature of Business PRACTICE OF MEDICINE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <div style="text-align: center;">  Signature _____ Date 8/1/90 Name <small>(Typed or Printed)</small> CANTRIL NIELSEN Title PRESIDENT </div>
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