

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: Oct-30-1980

|  |   |          |   |  |
|--|---|----------|---|--|
| No. 48618  | Idaho Corporation Annual Report Form                          |          | 2. Registered Agent and Office                        |  |
| Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720 | Due No Later Than November 1, 1990                            |          | KITCHENER E. HEAD                                     |  |
|  | 1. Mailing Address — Please Correct                           |          | DRIGGS ID 83422                                       |  |
|  | KITCHENER E. HEAD, P.A.<br>KITCHENER E. HEAD<br>P. O. BOX 430 |          | 3. Incorporated Under The Laws<br>of ID<br>NO: 048618 |  |
| NO FEE REQUIRED  | DRIGGS  | ID 83422 |   |  |

## 4. Names and Addresses of Officers and Directors

|            | Name              | Street or P.O. Address | City   | State | Zip   |
|------------|-------------------|------------------------|--------|-------|-------|
| President: | KITCHENER E. HEAD | Box 430                | DRIGGS | ID    | 83422 |
| Secretary: | SECRETARY D. HEAD | Box 430                | DRIGGS | ID    | 83422 |
| Directors: |                   |                        |        |       |       |

## 5. Nature of Business

Medical Practice

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  
Name (Typed or Printed)

K. HEAD

Date 8-29-90  
Title President