

No. 46167	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1992	2. Registered Agent and Office NOT A P.O. BOX
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>★ FIRST NOTICE ★</b> <b>NO FEE REQUIRED</b>	1. Mailing Address — Please Correct, If Not Correct	<b>CLYDE GERHARD</b> <b>121 E. FORT ST.</b>
	<b>FORT STREET OB-GYN CENTER, P.A.</b> <b>CLYDE GERHARD</b> <b>121 EAST FORT STREET</b>  <b>BOISE ID 83712 0000</b>	<b>BOISE ID 83712</b>  3. Incorporated Under The Laws of <b>ID</b> <b>NO: 46167</b>

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:	<i>Heslie H Pool</i>	<i>121 E Fort</i>	<i>Boise</i>	<i>ID</i>	<i>83712</i>
Secretary:	<i>Dennis N Carter</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
Directors:	<i>Clyde Gerhard</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
	<i>- above</i>				

5. Nature of Business  <i>Medical office</i>	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> <tr> <td>Signature</td> <td><i>Dennis N Carter</i></td> <td>Date</td> <td><i>7/9/92</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><i>DENNIS N CARTER</i></td> <td>Title</td> <td><i>Secretary</i></td> </tr> </table>	Signature	<i>Dennis N Carter</i>	Date	<i>7/9/92</i>	Name (Typed or Printed)	<i>DENNIS N CARTER</i>	Title	<i>Secretary</i>
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