

No. 95073	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		LEE G PULLEY 6003 OVERLAND RD BOISE ID 83709																									
	LEE G. PULLEY M.D., P.A. LEE G PULLEY 6003 OVERLAND RD BOISE ID 83709		3. Incorporated Under The Laws of ID NO: 095073																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>LEE G Pulley</td> <td>5175 RP</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Secretary:</td> <td></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>						Name	Street or P.O. Address	City	State	Zip	President:	LEE G Pulley	5175 RP	Boise	ID	83709	Secretary:						Directors:					
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Secretary:																												
Directors:																												
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. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>LEE G PULLEY, M.D.</td> <td>11 July 91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> </table>			Signature	Date	LEE G PULLEY, M.D.	11 July 91	Name (Typed or Printed)	Title																		
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