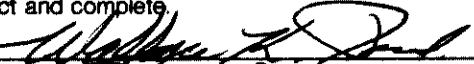
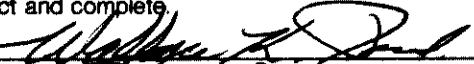
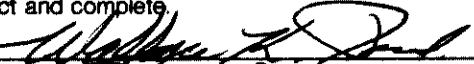


No. 074527	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1988		WALLACE K. POND, PH.D. 1020 W. FRANKLIN ST. BOISE, IDAHO 83702																					
	1. Mailing Address — Please Correct 074527																							
	PHYSIOMETRIC SOFTWARE, INC. WALLACE K. POND, PH.D. 1020 W. FRANKLIN ST. BOISE, IDAHO 83702		3. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <th data-bbox="46 402 541 434">Name</th> <th data-bbox="541 402 1153 434">Street or P.O. Address</th> <th data-bbox="1153 402 1367 434">City</th> <th data-bbox="1367 402 1483 434">State</th> <th data-bbox="1483 402 1628 434">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="46 455 541 487">President: WALLACE K. POND, PH.D.</td> <td data-bbox="541 455 1153 487">1020 W. FRANKLIN STREET</td> <td data-bbox="1153 455 1367 487">BOISE</td> <td data-bbox="1367 455 1483 487">ID</td> <td data-bbox="1483 455 1628 487">83702</td> </tr> <tr> <td data-bbox="46 487 541 519">Secretary: STEVEN THURBER, PH.D.</td> <td data-bbox="541 487 1153 519">1925 E. W. DR. / BSN. DEPT</td> <td data-bbox="1153 487 1367 519"></td> <td data-bbox="1367 487 1483 519"></td> <td data-bbox="1483 487 1628 519"></td> </tr> <tr> <td data-bbox="46 519 541 551">Directors:</td> <td data-bbox="541 519 1153 551">OF PSYCHOLOGY</td> <td data-bbox="1153 519 1367 551">BOISE</td> <td data-bbox="1367 519 1483 551">ID</td> <td data-bbox="1483 519 1628 551">83725</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: WALLACE K. POND, PH.D.	1020 W. FRANKLIN STREET	BOISE	ID	83702	Secretary: STEVEN THURBER, PH.D.	1925 E. W. DR. / BSN. DEPT				Directors:	OF PSYCHOLOGY	BOISE	ID	83725
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Directors:	OF PSYCHOLOGY	BOISE	ID	83725																				
5. Nature of Business PSYCHOLOGICAL ASSESSMENT	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="0"> <tr> <td data-bbox="566 907 690 928">Signature</td> <td data-bbox="690 875 1161 939"></td> <td data-bbox="1235 907 1276 928">Date</td> <td colspan="2" data-bbox="1276 896 1607 939">Nov 23, 1988</td> </tr> <tr> <td data-bbox="566 939 690 960">Name (Typed or Printed)</td> <td data-bbox="690 939 1161 960">WALLACE K. POND</td> <td data-bbox="1235 939 1276 960">Title</td> <td colspan="2" data-bbox="1276 939 1607 960">PRESIDENT</td> </tr> </table>				Signature		Date	Nov 23, 1988		Name (Typed or Printed)	WALLACE K. POND	Title	PRESIDENT											
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