

<b>No.</b> <b>46180</b>	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office		
	<i>Due No Later Than November 1, 1990</i>		WAYNE F. ALLEN 200 WEST FOREST STREET		
<i>Return To</i>  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>	1. Mailing Address — Please Correct		MCCALL ID 83638		
	PAYETTE LAKES MEDICAL CLINI WAYNE ALLEN, M.D. P. O. BOX 1047		3. Incorporated Under The Laws of ID		
<b>NO FEE REQUIRED</b>	<b>MCCALL</b>	<b>ID 83638</b>	<b>NO: 046180</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:	HERALD S. NOKES, M.D.	BOX 1047	MCCALL	IDAHO	83638
Secretary:	WAYNE F. ALLEN, M.D.	BOX 1047	MCCALL	IDAHO	83638
Directors:					

## 5. Nature of Business

MEDICAL CLINIC

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)

HERALD S. NOKES

Date

Title

8/20/90

PRESIDENT