

ISSUED: 10-01-1992

No. 65536	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 1, 1992		J.M. LACKEY, M.D. 1448 E. CENTER																									
	1 Mailing Address -- Please Correct, If Not Correct		POCATELLO ID 83201 0000																									
	J.M. LACKEY, M.D., P.A. J.M. LACKEY, M.D. 1448 E. CENTER POCATELLO ID 83201 0000		3. Incorporated Under The Laws of ID NO: 65536																									
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>J.M. LACKEY M.D. P.A.</td> <td>1448 E. Center</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td>JAMES LACKEY</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>J.M. LACKEY</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	J.M. LACKEY M.D. P.A.	1448 E. Center	Pocatello	ID	83201	Secretary:	JAMES LACKEY	" "	"	"	"	Directors:	J.M. LACKEY				
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Secretary:	JAMES LACKEY	" "	"	"	"																							
Directors:	J.M. LACKEY																											
5. Nature of Business Wholesale		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 <u>J.M. Lackey</u> Date <u>10/1/92</u> Name (Typed or Printed) <u>J.M. Lackey</u> Title <u>Pres.</u>																										