

No. 069174		Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 87 JUL 16 AM 9 59 STATE		Due No Later Than November 1, 1987		GEORGE A. WADE																									
		1. Mailing Address — Please Correct 069174		1188 UNIVERSITY DRIVE																									
		IDAH0 SPORTS MEDICINE INSTITUTE, GEORGE A. WADE 1188 UNIVERSITY DRIVE BOISE, IDAH0 83706		BOISE, IDAH0 83706																									
				3. Incorporated Under The Laws of STATE OF IDAH0																									
4. Names and Addresses of Officers and Directors																													
<table><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>GEORGE A. WADE, M. D.</td><td>1188 University Drive</td><td>Boise</td><td>ID</td><td>83706</td></tr><tr><td>Secretary:</td><td>SUSAN B. WADE</td><td>1188 University Drive</td><td>Boise</td><td>ID</td><td>83706</td></tr><tr><td>Directors: -vp</td><td>KIRK J. LEWIS, M.D.</td><td>1188 University Drive</td><td>Boise</td><td>ID</td><td>83706</td></tr></tbody></table>							Name	Street or P.O. Address	City	State	Zip	President:	GEORGE A. WADE, M. D.	1188 University Drive	Boise	ID	83706	Secretary:	SUSAN B. WADE	1188 University Drive	Boise	ID	83706	Directors: -vp	KIRK J. LEWIS, M.D.	1188 University Drive	Boise	ID	83706
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5. Nature of Business ORTHOPEDIC SURGERY SPORTS 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. Signature <u>George A. Wade</u> Date <u>7/9/87</u> Name (Typed or Printed) <u>GEORGE A. WADE, M. D.</u> Title <u>President</u>																											

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