90279	INSTRUCTIONS ON RE	EVERSE SIDE	ISSUED: 06	-30-1990
No.	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, 1990 SIDNEY C. HENDERS			
	1. Mailing Address — Please Correct		306 EDGEWATER CIRCLE	
	SIDNEY C. HENDERSON, M.D., SIDNEY C. HENDERSON M.D. BOX 864		MCCALL	ID 83638
			3. Incorporated Under The Laws of OR	
NO FEE REQUIRED		83638	No: 090279	
4. Names and Addresses of Office	rs and Directors			
President: 510		P.O. Box 869	City McCare	<u>State</u> <u>Zip</u> ID 83638
Secretary: E K Directors:	NEY C. HENDERSON, M.D. By HENDERSON	PO Bay 86	4 McCarl	ID 83638 ID 83638
		1		
5. Nature of Business	6. I certify that this Annual true, correct and complete	Report has been exar	mined by me and is to the I	pest of my knowledge
PROFESSIONAL	Signature JW/W/		Date	1
	Name Printy SIDNEY	C. HENDERSON	, M.D. Title R	esident-