	INSTRUCTIONS ON F	REVERSE SIDE	ISSUED: 06	-30-1990
No. 51540	Idaho Corporation Annual Report Form		2 Registered Agent and	d Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1990  1. Mailing Address — Please Correct		WINSTON V. BEARD 683 NORTH CAPITAL AVENUE	
	3. Incorporated Under 1 of ID	The Laws		
	NO FEE REQUIRED	IDAHO FALLS I	D 83401	NO: 051540
4. Names and Addresses of Office	ers and Directors			
	Name Street	or P.O. Address	<u>City</u>	State Zip
President:	Jan K. Thomas m.	2015E 17th	St ID Falls	IO 83401
Secretary: Directors:	Jany K. Thomas m.D. Jinston V. Bend Jany K. Thomas	683 N Capital	1)	a 83407
G	ay K. Thomas	q		
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5. Nature of Business	6. I certify that∤this Annua	al Report has been exa	amined by me and is to the	best of my knowledge
	l true, correctivand comp	Jete. 🗸		<b>^</b> .
Medical Service	true, correct and comp  Signature  Name (Typed or Printed) Ga w	C Thomas.	m Date 2	Oct 1996