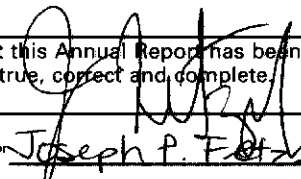


No. C 72016	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		GREGORY L. FLINT <del>5565 EMERALD</del> 6901 Emerald Suite 203A BOISE ID 83725 04
	PSORIASIS TREATMENT CENTER, GREGORY L. FLINT 5901 EMERALD STE 203A		
	3. Organized Under the Laws of:		ID C 72016
* FIRST NOTICE *			

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Gregory L. Flint	6901 Emerald	Boise	ID	83704
Vice Pres	Joseph P. Fetzek	6901 Emerald	Boise	ID	83704

5. NATURE OF BUSINESS  MEDICAL TREATMENT	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) Joseph P. Fetzek	Date 8-7-96 Title V.P.

ISSUED: 07-06-1996

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