


53510

<b>No.</b>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1992</i> <b>1 Mailing Address — Please Correct, If Not Correct</b> <b>DAVID H. HUME, P.A.</b> <b>DAVID H. HUME</b> <b>2730 CHANNING WAY</b>  <b>IDAHO FALLS ID 83404 0000</b>	<b>2. Registered Agent and Office NOT A P.O. BOX</b> <b>DAVID H. HUME</b> <b>2730 CHANNING WAY</b>  <b>IDAHO FALLS ID 83404</b>  <b>3. Incorporated Under The Laws</b> of <b>ID</b> <b>NO: 53510</b>			
<b>4. Names and Addresses of Officers and Directors</b>					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	David Hume	5000 South 9th East	Idaho Falls	Id	83404
Secretary:	Judy Hume	5000 South 9th East	Idaho Falls	Id	83404
Directors:	David Hume	5000 South 9th East	Idaho Falls	Id	83404
	Judy Hume	5000 South 9th East	Idaho Falls	Id	83404
<b>5. Nature of Business</b>  <b>Medical Services</b>		<b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b> Signature  Name (Typed or Printed) <b>David Hume, M.D.</b> Date <b>7-9-92</b> Title <b>President</b>			