




No. 47050	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																				
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>	PETER F. SCHOSSBERGER MD 707 NORTH 12TH AVENUE  POCA TELLO ID 83201																				
	NEUROLOGY AND NEUROSURGERY PETER F. SCHOSSBERGER M D 707 NORTH 12TH AVENUE  POCA TELLO ID 83201	3. Incorporated Under The Laws of ID  NO: 047650																				
4. Names and Addresses of Officers and Directors <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 35%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 5%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: Peter F. Schossberger, M.D.</td> <td>2787 Margo Lane</td> <td>Pocatello,</td> <td>Idaho,</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: Peter F. Schossberger, M.D.	2787 Margo Lane	Pocatello,	Idaho,	83201	Secretary:					Directors:				
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																		
President: Peter F. Schossberger, M.D.	2787 Margo Lane	Pocatello,	Idaho,	83201																		
Secretary:																						
Directors:																						
5. Nature of Business  Medical Practice	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table style="width: 100%;"> <tr> <td style="width: 30%;">           Signature   <small>(Typed or Printed Name)</small> </td> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 50%; text-align: center;">7/10/91</td> </tr> <tr> <td>           Name <small>(Printed)</small> Peter F. Schossberger, M.D.         </td> <td style="text-align: center;">Title</td> <td style="text-align: center;">President</td> </tr> </table>		Signature  <small>(Typed or Printed Name)</small>	Date	7/10/91	Name <small>(Printed)</small> Peter F. Schossberger, M.D.	Title	President														
Signature  <small>(Typed or Printed Name)</small>	Date	7/10/91																				
Name <small>(Printed)</small> Peter F. Schossberger, M.D.	Title	President																				

 RECEIVED  
 JUL 08 1991