

No. 49509	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 1, 1993		THOMAS L. CORNWALL 6348 EMERALD																									
	1. Mailing Address: <i>(Print or Type Name of Registered Agent)</i> PEDIATRIC ASSOCIATES, P.A. DAVID L. PETERMAN 6348 EMERALD BOISE ID 83704		BOISE ID 83704 3. Incorporated Under The Laws of ID NO: 49509																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Thomas L Cornwall</td> <td>6348 Emerald</td> <td>Boise</td> <td>Id.</td> <td>83704</td> </tr> <tr> <td>Secretary:</td> <td>David L Peterman</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>M. Michy Brus</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:	Thomas L Cornwall	6348 Emerald	Boise	Id.	83704	Secretary:	David L Peterman	" "	"	"	"	Directors:	M. Michy Brus	" "	"	"	"
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Directors:	M. Michy Brus	" "	"	"	"																							
5. Nature of Business Pediatrics		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 <i>David L Peterman</i> Date 10/12/93 Name <i>(Typed or Printed)</i> David L Peterman Title Secretary																										