

No. 101567	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office NOT A P.O. BOX D G HENRIKSEN, M.D. CHATCOLET LAKE, HEYBURN STATE PARK ST. MARIES ID 83861																					
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — D.G. HENRIKSEN, M.D., P.A. D G HENRIKSEN CHATCOLET LAKE, HEYBURN STATE PARK ST. MARIES ID 83861		3. Incorporated Under The Laws of ID NO: 101567																					
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: D.G. HENRIKSEN, M.D.</td> <td>P.O. Box 381</td> <td>ST. MARIES</td> <td>IDAH0</td> <td>83861</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>					Name	Street or P.O. Address	City	State	Zip	President: D.G. HENRIKSEN, M.D.	P.O. Box 381	ST. MARIES	IDAH0	83861	Secretary:					Directors:				
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Directors:																								
5. Nature of Business MEDICAL DOCTOR	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 border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>D.G. Henrikson</i></td> <td>7-28-94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>D.G. HENRIKSEN, M.D.</td> <td>PRESIDENT</td> </tr> </table>				Signature	Date	<i>D.G. Henrikson</i>	7-28-94	Name (Typed or Printed)	Title	D.G. HENRIKSEN, M.D.	PRESIDENT												
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