

No. 90141	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>	DAVID V. VANEK, M.D. 755 HOSPITAL WAY, SUITE A POCA TELLO ID 83201																								
	DAVID V. VANEK, M.D., P.A. DAVID V. VANEK, M.D. 755 HOSPITAL WAY, SUITE A POCA TELLO ID 83201	3. Incorporated Under The Laws of ID NO: 090141																								
4. Names and Addresses of Officers and Directors <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>David V. Vanek, M.D.</td> <td>755 Hospital Way A-5</td> <td>Pocatello,</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td>Gretchen Vanek</td> <td>755 Hospital Way A-5</td> <td>Pocatello,</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Directors:</td> <td></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:	David V. Vanek, M.D.	755 Hospital Way A-5	Pocatello,	ID	83201	Secretary:	Gretchen Vanek	755 Hospital Way A-5	Pocatello,	ID	83201	Directors:					
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Directors:																										
5. Nature of Business Health Care Providers	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 <u>David V. Vanek</u> Date <u>7-29-91</u> Name (Typed or Printed) _____ Title <u>President</u>																									