

No. 373778	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. 1 38 DEC 18 AM	Due No Later Than November 1, 1988		G. N. HECKER 999 NO. CURTIS RD. #302 BOISE, IDAHO 83706 3. Incorporated Under The Laws of STATE OF IDAHO																									
	1. Mailing Address — Please Correct 073778																											
	UKOLOGIC CLINIC OF BOISE, P.A. G. N. HECKER 999 NO. CURTIS RD., #302 BOISE, IDAHO 83706																											
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <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:</td> <td>Gerald N. Hecker</td> <td>999 No. Curtis Rd. #302;</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Gerald N. Hecker	999 No. Curtis Rd. #302;	Boise	ID	83706	Secretary:						Directors:					
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President:	Gerald N. Hecker	999 No. Curtis Rd. #302;	Boise	ID	83706																							
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. Signature <u>[Signature]</u> Date <u>12-7-88</u> Name (Typed or Printed) _____ Title <u>[Signature]</u>																										

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