INSTRUCTIONS ON REVERSE SIDE											
No. 94945 Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1 Mailing Address - Please Cornet II Not Cornet		2. Registered Agent and Office NOT A P.O. BOX WILLIAM Y. DUNCAN III M.D. 126 SADDLE ROAD							
							SUN VALLLY UROLOGY CLINIC, WILLIAM Y. DUNCAN III M.D BOX 657		KETCHUM	I D	#334°
									3. Incorporated Under The Laws of		
		KO FEE REQU	IRED	SUN VALLEY	10 83353	NO: 064945					
		4. Names and Address	es of Officer	s and Directors			*************************************				
		Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>					
Secretary: Br	renda S. 1	Duncan III, M.D. Lapresa Duncan III, M.D.	PO Box 1947	Ketchum Hailey Ketchum	ID ID ID	83340 83333 83340					
20.5		·									
5. Nature of Business		6. I certify the true, corre	at this Annual Report has been ex ct and complete.	amined by me and is to th	ne best of my l	knowledge					
Medical Office		Signature Name (Typed of Princed)	wiling yrlun	Date /	7-8-	9/_					

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