|   |  |  |                                   |             |         |   | I                              | SSUE                      | D: 07-0         | 5-19         | 94             |  |
|---|--|--|-----------------------------------|-------------|---------|---|--------------------------------|---------------------------|-----------------|--------------|----------------|--|
| No. 87547   | 87547 Idaho Corporation Annual Report Form |  |                                   |             |         |   |                                |                           | Agent and O     |              |                |  |
| Return To   |  | Due No Later Than November 1,1994  |                                   |             |         | AUSTIN CUSHMAN, M.D. 901 N. CURTIS, SUITE 502 |                                |                           |                 |              |                |  |
| Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080  * FIRST NOTICE * NO FEE REQUIRED |  | 1. Mailing Address — Partie of a control of the con |                                   |             |         |   |                                | .,,                       |                 |              |                |  |
|   |  | AUSTIN CUSH  | HMAN. M.D                         |             |         |   |                                | BOISE                     |                 |              | ID 83706       |  |
|   |  | 901 N. CURTIS, SUITE 50  |                                   |             | 02      |   |                                | 3. Incorporated Under The |                 |              | Laws           |  |
|   |  | 30185  | ID                                | ID 83706    |         |   | of ID<br>NO: 87547             |                           |                 | •            |                |  |
| 4. Names and Addresses  | of Officers                                | and Directors  |                                   |             |         |   |                                |                           |                 |              |                |  |
|   |  | <u>Name</u>  | Street                            | or P.O. Ad  | dress   | · · · · · · · · · · · · · · · · · · ·         | errozanion rezervenence, ren s | City                      | !               | <u>State</u> | <u>Zip</u>     |  |
| President:<br>Secretary:  |  | N R CUSHMAN<br>M LIVINGSTON  |                                   | N CU        |         |   | STE<br>STE                     |                           | BOISE<br>BOISE  | ID           | 83706<br>83706 |  |
| Directors:  | SAME                                       |  |                                   | 11 00       | KIID    | ND .  | DIE                            | 417                       | DOISE           | ID           | 03700          |  |
|   |  |  |                                   |             |         |   |                                |                           | •               |              |                |  |
|   |  |  |                                   |             |         |   |                                |                           | •               |              |                |  |
|   |  |  |                                   |             |         |   |                                |                           |                 |              |                |  |
|   |  |  |                                   |             |         |   |                                |                           |                 |              |                |  |
|   |  |  |                                   |             | ŧ       |   |                                |                           |                 |              |                |  |
| 5. Nature of Business   |  | 6. I certify true, con   | that this Annua<br>rect and compl | Report b    | as been | exam  | ined by                        | me and                    | d is to the bea | st of my     | / knowledge    |  |
|   |  | Signature  | gustic!                           | $\sim$      | w       |   |                                |                           | Date Eff        | 194          |                |  |
|   |  | Name (Typed  | " Aust IN                         | <u>, R.</u> | Busi    | 4112  |                                |                           | Title E         | o pr         | 88.            |  |