

76119

INSTRUCTIONS ON REVERSE SIDE

|                                                                                                                                                          |                                                                                                                                                                                      |                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>No.</b><br><br>Return To<br><br>Secretary of State<br>Room 208 Statehouse<br>Boise, ID 83720<br>SEC. OF STATE<br>NO FEE REQUIRED<br>89 AUG 25 PM 2 10 | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 76119<br>HENON MEDICAL SPECIALTY CENTER,<br>WINSTON V. BEARD<br>P. O. BOX 51718<br>IDAHO FALLS ID 83405 | WINSTON V. BEARD<br>2. Registered Agent and Office<br>583 NORTH CAPITAL AVENUE<br>IDAHO FALLS ID 83402<br>3. Incorporated Under The Laws<br>of IDAHO<br>NO: 76119 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 4. Names and Addresses of Officers and Directors

|            | <u>Name</u>         | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|------------|---------------------|-------------------------------|-------------|--------------|------------|
| President: | Stephen Carter      | 2001 S. Woodruff              | Idaho Falls | ID           | 83404      |
| Secretary: | Roger Tall          | 2001 S. Woodruff              | Idaho Falls | ID           | 83404      |
| Directors: | Stephen Carter      |                               |             |              |            |
|            | Roger Tall          |                               |             |              |            |
|            | P. Roger DeMordaunt | 2001 S. Woodruff              | Idaho Falls | ID           | 83404      |
|            | M. O. Huntington    | 2001 S. Woodruff              | Idaho Falls | ID           | 83404      |
|            | Alan G. Avondet     | 2001 S. Woodruff              | Idaho Falls | ID           | 83404      |

## 5. Nature of Business

 Develop and Manage  
 Medical Office Condo

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

Name (Typed or Printed)

ROGER TALL

Date

Title

SECRETARY