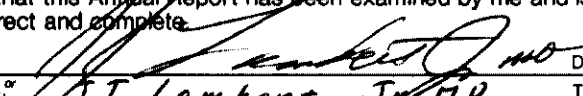
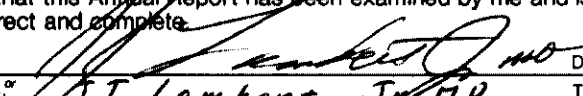
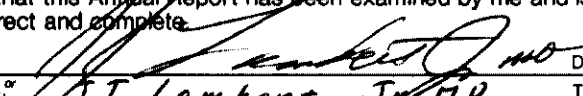


| No. 062524                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Idaho Corporation Annual Report Form                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                      | 2. Registered Agent and Office                                                                            |              |                                                                   |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|------------|------------|-------------------|---------------|------------|----|-------|------------|-------------------|---------------|------------|----|-------|------------|--|--|--|--|--|
| Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><br>SEC. OF STATE<br><br>88 JUL 15 AM 10 28                                                                                                                                                                                                                                                                                                                                                                                                             | Due No Later Than November 1, 1988                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                      | <b>JEROME J. LAMBERT, JR.</b><br><b>676 SHOUP AVENUE WEST</b><br><b>TWIN FALLS, IDAHO</b><br><b>83301</b> |              |                                                                   |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Mailing Address — Please Correct 062524<br><br><b>JEROME J. LAMBERT, JR., M.D., P.</b><br><b>JEROME J. LAMBERT, JR.</b><br><del>676 SHOUP AVE. WEST #14</del> 1305 Holly Dr<br><b>TWIN FALLS, IDAHO</b><br><b>83301</b> |                                                                                                                                                                                                                                                                                                      |                                                                                                           |              | 3. Incorporated Under The Laws<br>of<br><br><b>STATE OF IDAHO</b> |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
| 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>J. J. Lambert, Jr</td> <td>1305 Holly Dr</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Chery Lee Lambert</td> <td>1305 Holly Dr</td> <td>Twin Falls</td> <td>Id</td> <td>83301</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: | J. J. Lambert, Jr | 1305 Holly Dr | Twin Falls | Id | 83301 | Secretary: | Chery Lee Lambert | 1305 Holly Dr | Twin Falls | Id | 83301 | Directors: |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Name</u>                                                                                                                                                                                                                | <u>Street or P.O. Address</u>                                                                                                                                                                                                                                                                        | <u>City</u>                                                                                               | <u>State</u> | <u>Zip</u>                                                        |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
| President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | J. J. Lambert, Jr                                                                                                                                                                                                          | 1305 Holly Dr                                                                                                                                                                                                                                                                                        | Twin Falls                                                                                                | Id           | 83301                                                             |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Chery Lee Lambert                                                                                                                                                                                                          | 1305 Holly Dr                                                                                                                                                                                                                                                                                        | Twin Falls                                                                                                | Id           | 83301                                                             |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                      |                                                                                                           |              |                                                                   |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
| 5. Nature of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.                                                                                                                                                                          |                                                                                                           |              |                                                                   |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
| Pediatric Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                            | <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td> <br/>         Name (Typed or Printed) J J Lambert JMD       </td> <td>7-15-88</td> </tr> <tr> <td>Title</td> <td>Pres</td> </tr> </table> |                                                                                                           |              | Signature                                                         | Date        | <br>Name (Typed or Printed) J J Lambert JMD | 7-15-88     | Title        | Pres       |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                      |                                                                                                           |              |                                                                   |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
| <br>Name (Typed or Printed) J J Lambert JMD                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7-15-88                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                      |                                                                                                           |              |                                                                   |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Pres                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                      |                                                                                                           |              |                                                                   |             |                                                                                                                               |             |              |            |            |                   |               |            |    |       |            |                   |               |            |    |       |            |  |  |  |  |  |