<u>* </u>	* *1+1+1+1+1*1*1	INSTRUCT	ONS ON REVERSE SIDE			<u>a.</u>
No. 88329		Idaho Corporation Annual Report Form		2. Registered Agent and C		
		Due No Later Than November 1,		CHAS F. MCDEVI	* .	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		1. Mailing Address — Please Correct, If Not Correct		277 NORTH 6TH	STREE	T, #200
		BIO-SCNICS, INC. JOHN R. GUARINO 2404 ORMOND STREET		BOISE	Įþ	83702
				3. Incorporated Under The Laws		
** FINAL NOT NO FEE REQU		OISE	ID 83705	of ID NO: 83329		
4. Names and Address	ses of Officers and	t Directors	MUST BE PRINTED (NDS TVOEN	<u> </u>	195 TET
4. Names and Fladicse	ocs of Officers and		The first transfer to the state of the state	A SAMPA TANKET OF CONTRACTORS	٠	
		<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
President: Secretary:	John R.	Guarino	2404 Ormond Stre	eet Boise	ID	83705
Directors:	John R.	Guarino	2404 Ormond Str	eet Boise	ID	83705
		C. Guarino	6494 Cherry Lane		ĪD	83687
Loui		. Guarino	Box 164	Washingtonville	∍ NY	10992
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5. Nature of Business Medical Diagnosis			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	Mr. R. Suarin	Date Oc	tober	11, 1994
		Name (Typed or Printed)	John R. Guarino	Title Pr	residen	it