

No. <b>47650</b>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1992</i> 1 Mailing Address — <i>Please Correct, If Not Correct</i>  <b>NEUROLOGY AND NEUROSURGERY ASSO</b> <b>PETER F. SCHOSSBERGER M D</b> <b>707 NORTH 12TH AVENUE</b>  <b>POCATELLO ID 83201 0000</b>	2. Registered Agent and Office NOT A P.O. BOX  <b>PETER F. SCHOSSBERGER MD</b> <b>707 NORTH 12TH AVENUE</b>  <b>POCATELLO ID 83201</b>  3. Incorporated Under The Laws of <b>ID</b>  <b>NO: 47650</b>																				
4. Names and Addresses of Officers and Directors  <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Peter F. Schossberger, M.D.</td> <td>2787 Margo Lane</td> <td>Pocatello</td> <td>Idaho</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="position: absolute; transform: rotate(-45deg); opacity: 0.5; font-weight: bold; font-size: 2em;">             RECEIVED JUL 08 1992           </div>			Name	Street or P.O. Address	City	State	Zip	President: Peter F. Schossberger, M.D.	2787 Margo Lane	Pocatello	Idaho	83201	Secretary:					Directors:				
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Directors:																						
5. Nature of Business  <b>Medical Practice</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="0"> <tr> <td>Signature <i>[Signature]</i></td> <td>Date <b>7/08/92</b></td> </tr> <tr> <td>Name (Typed/Printed) <b>Peter F. Schossberger, M.D.</b></td> <td>Title <b>President</b></td> </tr> </table>		Signature <i>[Signature]</i>	Date <b>7/08/92</b>	Name (Typed/Printed) <b>Peter F. Schossberger, M.D.</b>	Title <b>President</b>																
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