		Manu	6.5 c. c. 2006-1222-310	ISSUED: 07	'-05-1994
No. 65562		Idaho Corporation Annual Report Form		Registered Agent and Office	
Return To		Due No Later Than November 1,1994		ANTHONY D. K 222 NORTH 2N	EYS, M.D. ID ST., SUITE 315
Secretary of Room 203, S P.O. BOX 83 Boise, ID 83 * FIRST NO	State	ANTHONY D.	KEYS, M.D., P.A. KEYS, M.D. KEYS, M.D. ND ST, SUITE 315	BOISE ID 83702 3. Incorporated Under The Laws of ID	
NO FEE RES		BOISE	ID 83702	NO: 66662	
4. Names and Addre	esses of Office	rs and Directors	MUST BE PRINTED OR	DTYPED:	
		<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
President: Secretary: Directors:	KATHLE	IY D. KEYS, M.D., ZEN P. KEYS IY D. KEYS, M.D.	P.A. 222 N. 2ND ST. #31: 222 N. 2ND ST. #31: AS ABOVE	,	ID. 83702 ID. 83702
5. Nature of Busines MEDICAL PR		6. I certify t true, corr Signature Name (Typed)	hat this Annual Report has been example to the following the second seco		-9-94