

ISSUED JULY 1, 1989

No. 54751 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED NO SEC. OF STATE NO FEE REQUIRED 09 JUL 14 AM 9 51	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1989</i> 1. Mailing Address — <i>Please Correct</i> 54751 VALLEY EAR, NOSE, AND THROAT GRO DANIEL R MILLER MD 3316 FOURTH ST LEWISTON ID 83501	2. Registered Agent and Office COLIN S. DOYLE, M.D. 3316 4TH ST. LEWISTON ID 83501 3. Incorporated Under The Laws of IDAHO NO: 54751																				
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: <u>DANIEL R. MILLER</u></td> <td><u>3316 4th St</u></td> <td><u>LEWISTON</u></td> <td><u>ID</u></td> <td><u>83501</u></td> </tr> <tr> <td>Secretary: _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Directors: <u>COLIN S. DOYLE</u></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: <u>DANIEL R. MILLER</u>	<u>3316 4th St</u>	<u>LEWISTON</u>	<u>ID</u>	<u>83501</u>	Secretary: _____	_____	_____	_____	_____	Directors: <u>COLIN S. DOYLE</u>	_____	_____	_____	_____
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Secretary: _____	_____	_____	_____	_____																		
Directors: <u>COLIN S. DOYLE</u>	_____	_____	_____	_____																		
5. Nature of Business DOCTOR'S OFFICE	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 <u>Daniel R Miller</u> Date <u>7/12/89</u> Name (Typed or Printed) <u>DANIEL R. MILLER</u> Title <u>PRES</u>																					