

INSTRUCTIONS ON REVERSE SIDE

No. 55049	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		ANNE R. CURRAN 4227 TIO LANE NAMPA ID 33651																									
	J. ROGER CURRAN, M.D. PROFESSIO J. ROGER CURRAN 1615B 12TH AVE. RD. NAMPA ID 83686 0000		3. Incorporated Under The Laws of ID NO: 055049																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <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:</td> <td>J. ROGER CURRAN, M.D.</td> <td>4227 TIO LN.</td> <td>NAMPA</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secretary:</td> <td>ANNE R. CURRAN</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	J. ROGER CURRAN, M.D.	4227 TIO LN.	NAMPA	ID	83686	Secretary:	ANNE R. CURRAN	"	"	"	"	Directors:					
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Secretary:	ANNE R. CURRAN	"	"	"	"																							
Directors:																												
5. Nature of Business MEDICAL PRACTICE		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="1"> <tr> <td>Signature</td> <td><i>Anne R. Curran</i></td> <td>Date</td> <td>10/10/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>ANNE R. CURRAN</td> <td>Title</td> <td>Secy</td> </tr> </table>			Signature	<i>Anne R. Curran</i>	Date	10/10/91	Name (Typed or Printed)	ANNE R. CURRAN	Title	Secy																
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