


No. 085397	Idaho Corporation Annual Report Form		2. Registered Agent and Office																										
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 88 JUL 12 PM 2	Due No Later Than November 1, 1988		CRAIG A. SINKINSON 645 RIVER ROAD HAGERMAN, IDAHO 83332																										
	1. Mailing Address — Please Correct 085397	CRAIG ALAN SINKINSON, M.D., P.A. CRAIG A. SINKINSON P.O. BOX 659 HAGERMAN, IDAHO 83332				3. Incorporated Under The Laws of STATE OF IDAHO																							
4. Names and Addresses of Officers and Directors																													
<table border="1"> <thead> <tr> <th data-bbox="46 397 426 427"></th> <th data-bbox="432 397 746 427"><u>Name</u></th> <th data-bbox="753 397 1126 427"><u>Street or P.O. Address</u></th> <th data-bbox="1133 397 1357 427"><u>City</u></th> <th data-bbox="1364 397 1473 427"><u>State</u></th> <th data-bbox="1480 397 1618 427"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="46 431 185 483">President:</td> <td data-bbox="191 431 746 483">CRAIG A. SINKINSON, M.D.</td> <td data-bbox="753 431 1126 483">P.O. Box 659</td> <td data-bbox="1133 431 1357 483">HAGERMAN</td> <td data-bbox="1364 431 1473 483">ID</td> <td data-bbox="1480 431 1618 483">83332</td> </tr> <tr> <td data-bbox="46 487 185 517">Secretary:</td> <td data-bbox="191 487 746 517">MARILEE J. KURACINA, M.D.</td> <td data-bbox="753 487 1126 517">P.O. Box 659</td> <td data-bbox="1133 487 1357 517">HAGERMAN</td> <td data-bbox="1364 487 1473 517">ID</td> <td data-bbox="1480 487 1618 517">83332</td> </tr> <tr> <td data-bbox="46 521 185 572">Directors:</td> <td colspan="5" data-bbox="191 521 1618 572">AS ABOVE</td> </tr> </tbody> </table>							<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	CRAIG A. SINKINSON, M.D.	P.O. Box 659	HAGERMAN	ID	83332	Secretary:	MARILEE J. KURACINA, M.D.	P.O. Box 659	HAGERMAN	ID	83332	Directors:	AS ABOVE				
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5. Nature of Business PHYSICIAN SERVICES	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		 (Typed or Printed) CRAIG ALAN SINKINSON, M.D.		Date	7/8/88																								
Name		Title		PRESIDENT																									