

INSTRUCTIONS ON REVERSE SIDE

No. 57380	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994	2. Registered Agent and Office: NOT A P.O. BOX SHERRI LAWRENCE 9951 FOX RIDGE DR BOISE ID 83709
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> AMERICAN THERAPEUTIC, INC. BEN HOSKINS P. O. BOX 4296 BOISE ID 83711	3. Incorporated Under The Laws of ID NO: 59866

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	BEN Hoskins	Box 4296	Boise	Id	83711
Secretary:	Sherri LAWRENCE	9951 Fox Ridge Dr.	Boise	Id	83711
Directors:					

5. Nature of Business

 Beds, Sole Service Media
 Experimental Research &
 Development

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: *Sherri Lawrence*
 Name (Typed or Printed): Sherri LAWRENCE

 Date: 10-20-94
 Title: Secretary