

<b>No. 067992</b>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>REC'D</b> <b>SEC. OF STATE</b>  <b>87 OCT 14 AM 9</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1987</i> 1. Mailing Address — Please Correct <b>067992</b>  <b>ARNOLD LEVIN, M.D., P.A.</b> <b>ARNOLD LEVIN, M.D.</b> <b>P.O. BOX 4788</b> <b>POCATELLO, IDAHO</b> <b>83201</b>	2. Registered Agent and Office  <b>ARNOLD LEVIN, M.D.</b> <b>1777 EAST CLARK, SUITE 1</b> <b>POCATELLO, IDAHO</b> <b>83201</b>  3. Incorporated Under The Laws of <b>ENTERED</b>  <b>STATE OF ID</b> <b>OCT 15 1987</b>																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 15%;"></th> <th style="text-align: left; width: 30%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Arnold I Levin, M.D.</td> <td>P.O. BOX 4788</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td>Colleen M Levin</td> <td>P.O. BOX 4788</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Directors:</td> <td>same as above</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Arnold I Levin, M.D.	P.O. BOX 4788	Pocatello	ID	83201	Secretary:	Colleen M Levin	P.O. BOX 4788	Pocatello	ID	83201	Directors:	same as above				
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5. Nature of Business The Practice of Medicine	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 style="width: 100%; border: none;"> <tr> <td style="width: 60%;">           Signature <i>Arnold I Levin M.D.P.A.</i>  <small>(Typed or Printed Name)</small> </td> <td style="width: 40%;">           Date <i>10/11/87</i>  <small>Title</small> </td> </tr> </table>		Signature <i>Arnold I Levin M.D.P.A.</i> <small>(Typed or Printed Name)</small>	Date <i>10/11/87</i> <small>Title</small>																						
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