		INSTR	RUCTIONS ON REVERSE SIDE	ISSUED: U	
No. 82387		Idaho Corporation Annual Report Form		2. Registered Agent and Office	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Later Than November 1, 1990  1. Mailing Address — Please Correct  BDM MEDICAL, INC. MARGARET REIMANN 807 CHERRY ST. PO BOX 51		MARGARET REIMANN 518 MAIN STREET	
				3. Incorporated Under The Laws of ID	
				NO FEE REQ	UIRED
1. Names and Addres	ses of Office	rs and Directors			
		<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
President:	Bon	nie Burlage	PO Box 479	AShton,	ID. 83420
Secretary:	Mag	gie Reimann	PO Box 515	Ashton,	ID. 83420
Directors:	San	ne as Above			
5. Nature of Business Medical supp and counties	Sel of	6. I certify	that this Annual Report has been ex rrect and complete.	amined by me and is to the	e best of my knowledge
Medical supp	plil to	Signature	Marie Remain	Date *	7-17-90
			d or Maggie REIMANN	**	<u> </u>

<sup>300</sup> Introduction Control (1) The Control (