

No. 73046	Idaho Corporation Annual Report Form		2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE NO FEE REQUIRED 89 JUL 17 PM 2 47	Due No Later Than November 1, 1989		MICHAEL K. PARENT 307 ST. JOHN'S WAY
	1. Mailing Address — Please Correct 73046	LEWISTON ID 83501	
	MICHAEL K. PARENT, M.D., P.A. MICHAEL K. PARENT 307 ST. JOHN'S WAY		
	LEWISTON ID 83501	3. Incorporated Under The Laws of IDAHO NO: 73046	

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	MICHAEL K. PARENT M.D.	307 ST. JOHN'S WAY	LEWISTON	ID	83501
Secretary:	KAY J. PHELPS	228 W. LARKSPUR LANE	LEWISTON	ID	83501
Directors:					

5. Nature of Business

Internal Medicine
Gastro Enterology

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 *Michael K Parent*
Name (Typed or Printed)

Michael K. Parent M.D.

Date 7-13-89
Title President