


<b>No. 48231 A</b>	<b>Idaho Corporation Annual Report Form</b>		<b>2. Registered Agent and Office</b>																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  RECEIVED NO FEE REQUIRED DE STATE 89 JUL 25 AM 9 28	Due No Later Than November 1, 1989		<b>WILFRED E. WATKINS, M.D. 1613-B 12TH AVE. RD.</b>																									
	1. Mailing Address — Please Correct <b>48231 A</b>		<b>NAMPA ID 83651</b>																									
	<b>IDAHO UROLOGY CLINIC, P.A. WILFRED E. WATKINS, M.D. 1613-B 12TH AVE. RD.</b>  <b>NAMPA ID 83651</b>																											
<b>4. Names and Addresses of Officers and Directors</b>			<b>3. Incorporated Under The Laws of IDAHO</b>																									
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Wilfred E. Watkins, M. D.</td> <td>1613-B 12th Ave. Rd.</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secretary:</td> <td>Same</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Same</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:	Wilfred E. Watkins, M. D.	1613-B 12th Ave. Rd.	Nampa	ID	83686	Secretary:	Same					Directors:	Same				
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Secretary:	Same																											
Directors:	Same																											
<b>5. Nature of Business</b>  <b>Medical</b>		<b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b>  Signature  Name (Typed or Printed) <b>W. E. Watkins, M. D.</b> Date <b>7-24-89</b> Title <b>President</b>																										