	INSTRUCTIONS ON REVERSE SIDE Idaho Corporation Annual Report Form Due No Later Than November 1, 1990 1. Mailing Address — Please Correct UR OLOGIC CLINIC OF BOISE, P G.N. HECKER 999 N. CURTIS RD., #302		ISSUED:	ISSUED: 06-30-1990 2. Registered Agent and Office G.N. HECKER 999 NO. CURTIS RD. #302	
No. 73778			2. Registered Age		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720			1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
			999 NO. C		
			BOISE	ID 83706 6	
			3. Incorporated Ur of ID	3. Incorporated Under The Laws of ID	
NO FEE REQUIRED	BOISE	ID 83706	NO: 07377	8	
4. Names and Addresses of Officers	s and Directors				
	Name	Street or P.O. Address	City	State Zip	
President: Gerald N. F. Secretary: Edwena L. F. Directors:		9 N. Curtis, #302 9 N. Curtis, #302	Boise, Boise,	Idaho 83706 Idaho 83706	
5. Nature of Business	6. I certify the true, corn	nat this Annual Report has been ect and complete.	en examined by me and is t	o the best of my knowledge	
doctor of Urology	Signature Name (Typed)	Gerald N. Hecker	Date Title	President	