INSTRUCTIONS ON REVERSE SIDE

No. 73046

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1991

1. Mailing Address — *Please Correct If Not Correct*

MICHAEL K. PARENT, M.D., P.
MICHAEL K. PARENT
307 ST. JOHN'S WAY

LEWISTON ID 83501

2. Registered Agent and Office NOT A P.O. BOX

MICHAEL K. PARENT
307 ST. JOHN'S WAY

LEWISTON ID 83501

3. Incorporated Under The Laws of ID

NO: 073046

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
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

medical practice

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 MD Date

Name (Typed or Printed) Michael K. Parent M.D. Title President