

No. 90579	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		WILLIAM G. BERGQUIST, M.D.																									
	1. Mailing Address — Please Correct		901 NORTH CURTIS, SUITE 4																									
	WILLIAM G. BERGQUIST, M.D., WILLIAM G. BERGQUIST, M.D. 901 NORTH CURTIS, SUITE 4 BOISE ID 83706		BOISE ID 83706 38 3. Incorporated Under The Laws of ID NO: 090579																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>WILLIAM G. BERGQUIST</td> <td>901 NORTH CURTIS SUITE 402</td> <td>BOISE, IDAHO</td> <td>83706</td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	WILLIAM G. BERGQUIST	901 NORTH CURTIS SUITE 402	BOISE, IDAHO	83706		Secretary:						Directors:					
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Secretary:																												
Directors:																												
5. Nature of Business MEDICINE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td><i>William G. Bergquist M.D.</i></td> <td>Date</td> <td>8/6/9</td> </tr> <tr> <td>Name <small>(Typed or Printed)</small></td> <td>WILLIAM G. BERGQUIST, M.D.</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>			Signature	<i>William G. Bergquist M.D.</i>	Date	8/6/9	Name <small>(Typed or Printed)</small>	WILLIAM G. BERGQUIST, M.D.	Title	PRESIDENT																
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