

No. 048111	Idaho Corporation Annual Report Form Due No Later Than November 1, 1987		2. Registered Agent and Office WILLIAM N. DIRE MULLAN AVENUE OSBURN, IDAHO 83849																														
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 87 NOV 2 AM 10 05	1. Mailing Address — Please Correct 048111		3. Incorporated Under The Laws of STATE OF IDAHO ENTERED NOV 2 1987																														
	WILLIAM N. DIRE, M.D., P.A. WM N DIRE, M.D. P. O. BOX 725 OSBURN IDAHO 83849																																
4. Names and Addresses of Officers and Directors																																	
<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>William N. Dire</td> <td>304 Cedar Street</td> <td>Wallace</td> <td>Idaho</td> <td>83873</td> </tr> <tr> <td>Secretary:</td> <td>Barbara N. Dire</td> <td>304 Cedar Street</td> <td>Wallace</td> <td>Idaho</td> <td>83873</td> </tr> <tr> <td rowspan="2">Directors:</td> <td>Michelle Mayfield</td> <td>P.O. Box 585</td> <td>Osburn</td> <td>Idaho</td> <td>83849</td> </tr> <tr> <td>Rod Higgins</td> <td>878 Glen Martin Dr.</td> <td>Sparks</td> <td>Nevada</td> <td>89431</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	William N. Dire	304 Cedar Street	Wallace	Idaho	83873	Secretary:	Barbara N. Dire	304 Cedar Street	Wallace	Idaho	83873	Directors:	Michelle Mayfield	P.O. Box 585	Osburn	Idaho	83849	Rod Higgins	878 Glen Martin Dr.	Sparks	Nevada	89431
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																												
President:	William N. Dire	304 Cedar Street	Wallace	Idaho	83873																												
Secretary:	Barbara N. Dire	304 Cedar Street	Wallace	Idaho	83873																												
Directors:	Michelle Mayfield	P.O. Box 585	Osburn	Idaho	83849																												
	Rod Higgins	878 Glen Martin Dr.	Sparks	Nevada	89431																												
5. Nature of Business Medical Services	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 <u>William N. Dire, M.D., P.A.</u> Date <u>10/30/87</u> Name <small>(Typed or Printed)</small> <u>William N. Dire, M. D., PA</u> Title <u>M. D.</u>																																