

|                                                               |                                                                                                               |                                                            |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| No. 83506                                                     | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1990                             | 2. Registered Agent and Office                             |
| Return To                                                     |                                                                                                               | HOWARD E. KING<br>4980 WILDRYE                             |
| Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720 |                                                                                                               | BOISE ID 83703 459<br>3. Incorporated Under The Laws of ID |
| NO FEE REQUIRED                                               | 1. Mailing Address — Please Correct<br>HEALTHSCREEN, INC.<br>HOWARD E. KING<br>4980 WILDRYE<br>BOISE ID 83703 | NO: 083506                                                 |

## 4. Names and Addresses of Officers and Directors

|            | Name              | Street or P.O. Address | City           | State | Zip   |
|------------|-------------------|------------------------|----------------|-------|-------|
| President: | Howard E. King    | 4980 Wildrye           | Boise          | Idaho | 83703 |
| Secretary: | Ivy W. Wells M.D. | 465 McKenna Dr.        | Mountain Home, | Idaho |       |
| Directors: | Howard E. King    | 4980 Wildrye           | Boise          | Idaho | 83703 |
|            | Ivy W. Wells M.D. | 465 McKenna Dr.        | Mountain Home, | Idaho |       |

## 5. Nature of Business

To provide  
 medical examination +  
 other medical related  
 services to Industrial &  
 Public Agency Clients

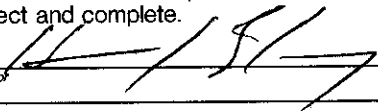
6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Date

Title



7/13/90  
 President