

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-05-1994

No. 63764

Idaho Corporation Annual Report Form

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

Return To

Due No Later Than November 1, 1994

JOHN M. HAVLINA, JR.
999 N. CURTIS RD., SUITE 505

**Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080**

1. Mailing Address — *Print or Type Name and Address*

JOHN M. HAVLINA, JR., M.D., PRO
999 N. CURTIS RD., SUITE 505
BOISE ID 83706

BOISE ID 83706

* FIRST NOTICE *
NO FEE REQUIRED

3. Incorporated Under The Laws
of ID
NO: 63764

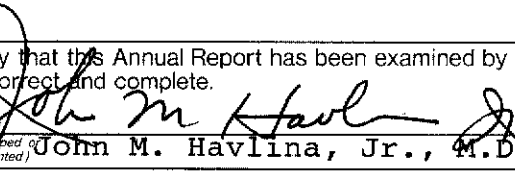
4. Names and Addresses of Officers and Directors **MUST BE PRINTED OR TYPED**

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	John M. Havlina, Jr., M.D.	999 North Curtis Rd., Ste.505	Boise,	ID	83706
Secretary:	Mary B. Haskins	999 N. Curtis Rd., Ste.505	Boise,	Idaho	83706
Directors:					

5. Nature of Business

Doctors Office

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): John M. Havlina, Jr., M.D.
Date: 7-19-94
Title: President