

No. 68454	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1992</i>		2. Registered Agent and Office NOT A P.O. BOX H. GRANT REED, M.D. 763 S. WOODRUFF IDAHO FALLS ID 83404																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1 Mailing Address — Please Correct, If Not Correct H. GRANT REED, M.D.P.A. H. GRANT REED, M.D. 763 S. WOODRUFF IDAHO FALLS ID 83404 0000		3. Incorporated Under The Laws of NO: 68454																									
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>H. Grant Reed, M.D.</td> <td>763 S. Woodruff</td> <td>Idaho Falls,</td> <td>Id.</td> <td>83404</td> </tr> <tr> <td>Secretary:</td> <td>Joan Reed</td> <td>763 S. Woodruff</td> <td>Idaho Falls,</td> <td>ID.</td> <td>83404</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	H. Grant Reed, M.D.	763 S. Woodruff	Idaho Falls,	Id.	83404	Secretary:	Joan Reed	763 S. Woodruff	Idaho Falls,	ID.	83404	Directors:					
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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.  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-top: 1px solid black;"> Signature Name (Typed or Printed) </td> <td style="width: 40%; border-top: 1px solid black;"> Date </td> </tr> <tr> <td style="text-align: center;"> H. Grant Reed, M.D., P.A. </td> <td style="text-align: center;"> 7/13/92 </td> </tr> <tr> <td style="border-top: 1px solid black;"> Title </td> <td style="border-top: 1px solid black;"> President </td> </tr> </table>			Signature Name (Typed or Printed)	Date	H. Grant Reed, M.D., P.A.	7/13/92	Title	President																		
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