

No. 5066	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		JAMES R. BABCOCK																									
	1. Mailing Address: Please Correct If Not Correct		819 EAST AVENUE C																									
	JAMES R. BABCOCK, M.D., F.A. JAMES R. BABCOCK 128 WEST FIFTH		JEROME ID 83338 ID 83338																									
		JEROME ID 83338		3. Incorporated Under The Laws of ID NO: 065066																								
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>JAMES R BABCOCK</td> <td>128 5TH AVE W.</td> <td>JEROME</td> <td>ID</td> <td>83338</td> </tr> <tr> <td>Secretary:</td> <td>JANET D BABCOCK</td> <td>819 E AVE C</td> <td>JEROME</td> <td>ID</td> <td>83338</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:	JAMES R BABCOCK	128 5TH AVE W.	JEROME	ID	83338	Secretary:	JANET D BABCOCK	819 E AVE C	JEROME	ID	83338	Directors:					
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Secretary:	JANET D BABCOCK	819 E AVE C	JEROME	ID	83338																							
Directors:																												
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 border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>JAMES R. BABCOCK</td> <td>7/15/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>JAMES R. BABCOCK</td> <td>PRES</td> </tr> </table>			Signature	Date	JAMES R. BABCOCK	7/15/91	Name (Typed or Printed)	Title	JAMES R. BABCOCK	PRES																
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