

No. 050830	Idaho Corporation Annual Report Form Due No Later Than November 1, 1988	2. Registered Agent and Office																													
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE JUN 11 AM 8 57	1. Mailing Address — Please Correct 050830	DOUGLAS R. SMITH 825 SO. BLVD. IDAHO FALLS, IDAHO 83401																													
	SMITH CLINIC, P.A. OLIVER D. SMITH, M.D. 825 S. BLVD. IDAHO FALLS, IDAHO 83402	3. Incorporated Under The Laws of STATE OF IDAHO																													
	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>Douglas R. Smith</td> <td>825 So Blvd</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>Oliver D. Smith</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Douglas R. Smith</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td></td> <td>Oliver D. Smith</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>		Name	Street or P.O. Address	City	State	Zip	President:	Douglas R. Smith	825 So Blvd	Idaho Falls	ID	83401	Secretary:	Oliver D. Smith	"	"	"	"	Directors:	Douglas R. Smith	"	"	"	"		Oliver D. Smith	"	"	"	"
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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. Signature <u><i>Oliver D. Smith M.D.</i></u> Date <u>7-7-88</u> Name (Typed or Printed) <u>Oliver D. Smith M.D.</u> Title <u>Sec</u>																														