

No. 059889	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office																															
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b> <b>SEC. OF STATE</b>  <b>88 JUL 27 AM 8 57</b>	Due No Later Than November 1, 1988		<b>EARL F. RITER JR</b> <b>676 SHOUP AVE W SUITE 4</b> <b>TWIN FALLS, IDAHO</b> <b>83301</b>																															
	1. Mailing Address — Please Correct 059889  <b>EARL F. RITER, JR., M.D., P.A.</b> <b>EARL F. RITER, JR., M.D.</b> <b>676 SHOUP AVE. W. SUITE 4</b> <b>TWIN FALLS, IDAHO</b> <b>83301</b>	3. Incorporated Under The Laws of  <b>STATE OF IDAHO</b>																																
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>EARL F RITER JR MD</td> <td>676 SHOUP AVE</td> <td>TWIN FALLS</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>JJ LAMBERT MD</td> <td>WEST 4</td> <td>FALLS</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td></td> <td>SAME</td> <td>TWIN FALLS</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td colspan="6">           L SAME AS ABOVE DR RITER, DR LAMBERT         </td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	EARL F RITER JR MD	676 SHOUP AVE	TWIN FALLS	IDAHO	83301	Secretary:	JJ LAMBERT MD	WEST 4	FALLS	IDAHO	83301	Directors:		SAME	TWIN FALLS	IDAHO	83301	L SAME AS ABOVE DR RITER, DR LAMBERT					
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5. Nature of Business  <b>PHYSICIAN</b>	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>Earl F Riter Jr</u> Date <u>22 JUL 88</u> Name (Typed or Printed) <u>EARL F RITER JR MD</u> Title <u>PRESIDENT</u>																																	

 ENTERED  
 AUG 3 1988