	INSTRUCTIONS ON REVERSE SIDE	ISSUED OCTOBER 12.	, 1989
No. 48111	Idaho Corporation Annual Report Form 2. Registered Agent and Office		
Return To Secretary of State Room 203, Statehouse Roise ID 83720	Due No Later Than November 1,1989	WILLIAM N. DIRE MULLAN AVENUE	
	1. Mailing Address — Please Correct 48111 WILLIAM N. DIRE, M.D., P.A. WM N DIRE, M.D.	OSBURN	ID 8384
STENCALOF SUBATETE **	P. 0. BOX 725	3. Incorporated Under The Law of IDAHO	rs
NO FEE REQUIRED OCT 23 AM 10 26	OSBURN IDAHO ID 83849	,	C: 48111
4. Names and Addresses of Office	ers and Directors		
	Name Street or P.O. Address	<u>City</u> <u>Sta</u>	ate <u>Zip</u>
President: W	.N. Dire,M.D. 304 Cedar	Wallace Id	
Secretary B	arbara A. Dire 304 Cedar	Wallace Id	
Directors:	ewis R.Higgins	Osburn, Id	83849
	•		
5. Nature of Business	6. I certify that this Annual Report has been exa	mined by me and is to the best of	my knowledge
M.D. Family Pract	Signature / Cambre /	M.D., Date 10-20	-89
	Name (Typed or Printed) William N. Dire, M	.D. Title Presid	ent