

| No. 42861                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Idaho Corporation Annual Report Form                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                             | 2. Registered Agent and Office NOT A P.O. BOX         |              |            |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------|------------|-------------|-------------------------------|-------------|--------------|------------|------------|-----------------------|-----------------------------|----------|----|-------|------------|---------------------------|-----------------------------|----------|----|-------|------------|--------------------|-----------------------------|----------|----|-------|
| Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Due No Later Than November 1, 1991                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                             | SUSAN F. DAVIS<br>222 EAST ELM                        |              |            |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. Mailing Address -- Please Correct If Not Correct                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                             | Caldwell ID 83605                                     |              |            |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CALDWELL INTERNAL MEDICINE PROF<br><del>XXXXXXXXXXXX</del><br>222 EAST ELM 1818 S. 10TH Ave.<br>Suite 100<br>CALDWELL ID 83605 0000 |                                                                                                                                                                                                                                                                                                                                                                                             | 3. Incorporated Under The Laws<br>of ID<br>NO: 042861 |              |            |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |
| 4. Names and Addresses of Officers and Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |              |            |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |
| <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Charles E. Reed, M.D.</td> <td>1818 S. 10th Ave. Suite 100</td> <td>Caldwell</td> <td>Id</td> <td>83605</td> </tr> <tr> <td>Secretary:</td> <td>Douglas W. Dammrose, M.D.</td> <td>1818 S. 10TH Ave. Suite 100</td> <td>Caldwell</td> <td>Id</td> <td>83605</td> </tr> <tr> <td>Directors:</td> <td>Hugh E. Eddy, M.D.</td> <td>1818 S. 10th Ave. Suite 100</td> <td>Caldwell</td> <td>Id</td> <td>83605</td> </tr> </tbody> </table> |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |              |            | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | Charles E. Reed, M.D. | 1818 S. 10th Ave. Suite 100 | Caldwell | Id | 83605 | Secretary: | Douglas W. Dammrose, M.D. | 1818 S. 10TH Ave. Suite 100 | Caldwell | Id | 83605 | Directors: | Hugh E. Eddy, M.D. | 1818 S. 10th Ave. Suite 100 | Caldwell | Id | 83605 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Name</u>                                                                                                                         | <u>Street or P.O. Address</u>                                                                                                                                                                                                                                                                                                                                                               | <u>City</u>                                           | <u>State</u> | <u>Zip</u> |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |
| President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Charles E. Reed, M.D.                                                                                                               | 1818 S. 10th Ave. Suite 100                                                                                                                                                                                                                                                                                                                                                                 | Caldwell                                              | Id           | 83605      |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Douglas W. Dammrose, M.D.                                                                                                           | 1818 S. 10TH Ave. Suite 100                                                                                                                                                                                                                                                                                                                                                                 | Caldwell                                              | Id           | 83605      |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Hugh E. Eddy, M.D.                                                                                                                  | 1818 S. 10th Ave. Suite 100                                                                                                                                                                                                                                                                                                                                                                 | Caldwell                                              | Id           | 83605      |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |
| 5. Nature of Business<br><br>Medical Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><div style="display: flex; justify-content: space-between;"> <div>           Signature<br/>           Name (Typed or Printed) <u>Hugh E. Eddy, M.D.</u> </div> <div>           Date <u>10-28-91</u><br/>           Title <u>Vice President</u> </div> </div> |                                                       |              |            |             |                               |             |              |            |            |                       |                             |          |    |       |            |                           |                             |          |    |       |            |                    |                             |          |    |       |