

| No. 57596                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1997                                                                                                                                                                                                                                                                                                                        |                            | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br>C.S. ENGLISH, M.D.<br>307 ST. JOHNS WAY<br>LEWISTON, ID 83501 |       |           |                                                                                    |                        |                         |                         |                 |            |                         |                            |          |    |       |            |                |  |  |  |  |            |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------|-------|-----------|------------------------------------------------------------------------------------|------------------------|-------------------------|-------------------------|-----------------|------------|-------------------------|----------------------------|----------|----|-------|------------|----------------|--|--|--|--|------------|--|--|--|--|--|
| Return To<br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><br>* FIRST NOTICE *<br>NO FEE REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1. Mailing Address - Please Correct If Not Correct<br>C.S. ENGLISH, M.D., P.A.<br>C.S. ENGLISH, M.D.<br>307 ST. JOHN'S WAY<br><br>LEWISTON ID 83501                                                                                                                                                                                                                                                      |                            | 3. Incorporated Under The Laws<br>of ID<br>NO: 57596                                                                  |       |           |                                                                                    |                        |                         |                         |                 |            |                         |                            |          |    |       |            |                |  |  |  |  |            |  |  |  |  |  |
| 4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b> <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>C. STAMEY ENGLISH, M.D.</td> <td>307 St. John's Way Suite 4</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>LEVONA ENGLISH</td> <td></td> <td></td> <td></td> <td></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: | C. STAMEY ENGLISH, M.D. | 307 St. John's Way Suite 4 | Lewiston | ID | 83501 | Secretary: | LEVONA ENGLISH |  |  |  |  | Directors: |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name                                                                                                                                                                                                                                                                                                                                                                                                     | Street or P.O. Address     | City                                                                                                                  | State | Zip       |                                                                                    |                        |                         |                         |                 |            |                         |                            |          |    |       |            |                |  |  |  |  |            |  |  |  |  |  |
| President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C. STAMEY ENGLISH, M.D.                                                                                                                                                                                                                                                                                                                                                                                  | 307 St. John's Way Suite 4 | Lewiston                                                                                                              | ID    | 83501     |                                                                                    |                        |                         |                         |                 |            |                         |                            |          |    |       |            |                |  |  |  |  |            |  |  |  |  |  |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LEVONA ENGLISH                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                                       |       |           |                                                                                    |                        |                         |                         |                 |            |                         |                            |          |    |       |            |                |  |  |  |  |            |  |  |  |  |  |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                       |       |           |                                                                                    |                        |                         |                         |                 |            |                         |                            |          |    |       |            |                |  |  |  |  |            |  |  |  |  |  |
| 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><table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>C. STAMEY ENGLISH, M.D.</td> <td>Title President</td> </tr> </table> |                            |                                                                                                                       |       | Signature |  | Date                   | Name (Typed or Printed) | C. STAMEY ENGLISH, M.D. | Title President |            |                         |                            |          |    |       |            |                |  |  |  |  |            |  |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                        | Date                       |                                                                                                                       |       |           |                                                                                    |                        |                         |                         |                 |            |                         |                            |          |    |       |            |                |  |  |  |  |            |  |  |  |  |  |
| Name (Typed or Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C. STAMEY ENGLISH, M.D.                                                                                                                                                                                                                                                                                                                                                                                  | Title President            |                                                                                                                       |       |           |                                                                                    |                        |                         |                         |                 |            |                         |                            |          |    |       |            |                |  |  |  |  |            |  |  |  |  |  |