

No. 50830	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1990	2. Registered Agent and Office DOUGLAS R. SMITH 825 SOUTH BOULEVARD IDAHO FALLS ID 83401 58																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720  NO FEE REQUIRED	1. Mailing Address — Please Correct SMITH CLINIC, P.A. OLIVER D. SMITH, M.D. 825 SOUTH BOULEVARD  IDAHO FALLS ID 83402	3. Incorporated Under The Laws of ID NO: 050830																									
4. Names and Addresses of Officers and Directors																											
President: Secretary: Directors:	<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Oliver D. Smith M.D.</td> <td>825 So. Blvd.</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Douglas R. Smith M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Oliver D. Smith M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Douglas R. Smith M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	Oliver D. Smith M.D.	825 So. Blvd.	Idaho Falls	ID	83402	Douglas R. Smith M.D.	"	"	"	"	Oliver D. Smith M.D.	"	"	"	"	Douglas R. Smith M.D.	"	"	"	"	
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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>Oliver D. Smith M.D.</u> Date <u>7-9-90</u> Name (Typed or Printed) <u>Oliver D. Smith M.D.</u> Title <u>President</u>																										