

## INSTRUCTIONS ON REVERSE SIDE

<b>No.</b> <b>93229</b>	<b>Idaho Corporation Annual Report Form</b>		<b>2. Registered Agent and Office NOT A P.O. BOX</b>																						
	<b>Due No Later Than November 1, 1991</b>		<b>MARLIS D. JACKMAN 666 SHOSHONE STREET EAST</b>																						
<b>Return To</b>  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>	<b>1. Mailing Address. Please Correct If Not Correct</b>		<b>TWIN FALLS ID 83301</b>																						
<b>NO FEE REQUIRED</b>	<b>TWIN FALLS</b>	<b>ID 83301</b>	<b>3. Incorporated Under The Laws of ID</b>																						
<b>4. Names and Addresses of Officers and Directors</b>																									
<table border="0"> <thead> <tr> <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: MARLEY D. JACKMAN</td> <td>708 SHOSHONE STREET EAST, TWIN FALLS, IDAHO 83301</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary: JEANETTE SPARKS</td> <td>708 SHOSHONE STREET EAST, TWIN FALLS, IDAHO 83301</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors: CAROLE N. RICKS, M.D.</td> <td>708 SHOSHONE STREET EAST, TWIN FALLS, IDAHO 83301</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: MARLEY D. JACKMAN	708 SHOSHONE STREET EAST, TWIN FALLS, IDAHO 83301				Secretary: JEANETTE SPARKS	708 SHOSHONE STREET EAST, TWIN FALLS, IDAHO 83301				Directors: CAROLE N. RICKS, M.D.	708 SHOSHONE STREET EAST, TWIN FALLS, IDAHO 83301			
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<b>5. Nature of Business</b>  <b>MEDICAL SERVICES</b>		<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.</b>																							
		<b>Signature</b>  <i>Marley Jackman</i>	<b>Date</b> <b>OCTOBER 11, 1991</b>																						
		<b>Name (Type or Printed)</b>  <b>MARLEY JACKMAN</b>	<b>Title</b>  <b>PRESIDENT</b>																						