
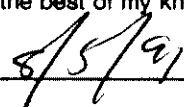

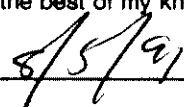

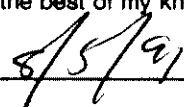


No. 79924	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX LEE B. DILLION 325 WEST IDAHO ST. BOISE ID 83702																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		3. Incorporated Under The Laws of ID NO: 079924																									
	STEVEN L. WRITER, M.D., P.A. STEVEN L. WRITER 901 N. CURTIS, #104 BOISE ID 83706																											
4. Names and Addresses of Officers and Directors <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>Steven L. Writer, M.D.</td> <td>2380 N. Overview</td> <td>Boise, ID</td> <td>83702</td> <td></td> </tr> <tr> <td>Secretary:</td> <td>Carol Writer</td> <td>same</td> <td>same</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:	Steven L. Writer, M.D.	2380 N. Overview	Boise, ID	83702		Secretary:	Carol Writer	same	same			Directors:					
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Secretary:	Carol Writer	same	same																									
Directors:																												
5. Nature of Business Physician office Cardiology 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. <table border="0"> <tr> <td>Signature </td> <td>Date </td> </tr> <tr> <td>Name (Typed or Printed) Steven L. Writer, M.D.</td> <td>Title</td> </tr> </table>			Signature 	Date 	Name (Typed or Printed) Steven L. Writer, M.D.	Title																				
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