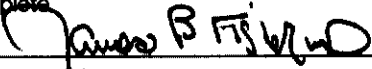
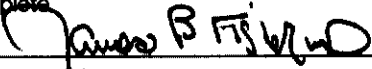
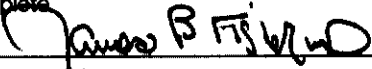


| No. 064184 | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|-------------|-----------|------------------------|--|---------------------------|-----|------------|------------------------|--------------------|-----------|-------------|------------|--|--|--|--|------------|--|--|--|--|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE AUG 12 AM 8 46 | Due No Later Than November 1, 1988 | | JAMES FISHER, M.D. 307 ST. JOHN'S WAY LEWISTON, ID 83501 | | | | | | | | | | | | | | | | | | | | | |
| | 1. Mailing Address — Please Correct 064184 | | | | | | | | | | | | | | | | | | | | | | | |
| | JAMES B. FISHER, M.D., P.A. JAMES FISHER, M.D. 307 SAINT JOHN'S WAY LEWISTON, IDAHO 83501 | | 3. Incorporated Under The Laws of ENTERED AUG 12 1988 STATE OF IDAHO | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and 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>President:</td> <td>James B. Fisher, M. D.</td> <td>3433 Selway Drive,</td> <td>Lewiston,</td> <td>Idaho 83501</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Name | Street or P.O. Address | City | State | Zip | President: | James B. Fisher, M. D. | 3433 Selway Drive, | Lewiston, | Idaho 83501 | Secretary: | | | | | Directors: | | | | |
| Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | |
| President: | James B. Fisher, M. D. | 3433 Selway Drive, | Lewiston, | Idaho 83501 | | | | | | | | | | | | | | | | | | | | |
| Secretary: | | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | |
| PLEASE NOTE: Corporate year has been ammended to January 1 through December 31 of each year. | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business Practice of Medicine | | 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="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>  Name (Typed or Printed) James B. Fisher, M. D. </td> <td> 8-5-88 Title President </td> </tr> </table> | | | Signature | Date |  Name (Typed or Printed) James B. Fisher, M. D. | 8-5-88 Title President | | | | | | | | | | | | | | | | |
| Signature | Date | | | | | | | | | | | | | | | | | | | | | | | |
|  Name (Typed or Printed) James B. Fisher, M. D. | 8-5-88 Title President | | | | | | | | | | | | | | | | | | | | | | | |