

No. 46381	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	<i>Due No Later Than November 1, 1991</i>		FRED E. MARIENAU MD 1301 DOVER ROAD																									
	1. Mailing Address: <i>Please Correct If Not Correct</i>		SANDPOINT ID 83864																									
	FRED E. MARIENAU, M.D., P.A. FRED E. MARIENAU, M.D. P. O. BOX 835		3. Incorporated Under The Laws of ID																									
NO FEE REQUIRED	SANDPOINT ID 83864		NO: 046381																									
4. Names and Addresses of Officers and Directors																												
<table border="0"> <thead> <tr> <th></th> <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: }</td> <td>Fred E. Marienau</td> <td></td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Secretary: }</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors: }</td> <td></td> <td>Box 835</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: }	Fred E. Marienau		Sandpoint	ID	83864	Secretary: }						Directors: }		Box 835			
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President: }	Fred E. Marienau		Sandpoint	ID	83864																							
Secretary: }																												
Directors: }		Box 835																										
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>Fred E. Marienau</u> Date <u>2-15-91</u> Name (Typed or Printed) Title <u>President</u>																										