

No. 45180	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEP 2 1988 38 OCT 19 AM 8 58	Due No Later Than November 1, 1988		CLARENCE E. THOMPSON 5920 BORLEY ROAD COEUR D'ALENE, IDAHO 83814																									
	1. Mailing Address — Please Correct 045188																											
	CLARENCE E. THOMPSON, M.D., P.A. CLARENCE E. THOMPSON 5920 BORLEY ROAD COEUR D'ALENE, IDAHO 83814		3. Incorporated Under The Laws of STATE OF IDAHO																									
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>C. E. Thompson, M.D.</td> <td>as above</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td>"</td> <td>"</td> <td></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:	C. E. Thompson, M.D.	as above				Secretary:	"	"				Directors:	"	"			
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President:	C. E. Thompson, M.D.	as above																										
Secretary:	"	"																										
Directors:	"	"																										
5. Nature of Business Medical		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>C. E. Thompson</td> <td>10/17/88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>C. E. Thompson</td> <td>BKKpr</td> </tr> </table>			Signature	Date	C. E. Thompson	10/17/88	Name (Typed or Printed)	Title	C. E. Thompson	BKKpr																
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 OCT 19 1988