

INSTRUCTIONS ON REVERSE SIDE

No. 68454

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

REGISTERED: 07-01-1993
2. Registered Agent and Office NOT A P.O. BOX

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address: Please Print or Type Correct

H. GRANT REED, M.D.P.A.
H. GRANT REED, M.D.
763 S. WOODRUFF

IDAHO FALLS ID 83404

M. GRANT REED, M.D.
763 S. WOODRUFF

IDAHO FALLS ID 83404

3. Incorporated Under The Laws
of ID
NO: 68454

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	H. Grant Reed, M.D.	763 S. Woodruff	Idaho Falls	Id	83404
Secretary:	Joan Reed	763 S. Woodruff	Idaho Falls	Id	83404
Directors:					

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

Name (Typed or Printed)

H. Grant Reed, M.D.

Date 7/8/93

Title President