

No. 54751	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX COLIN S. DOYLE, M.D. 3316 4TH ST. LEWISTON ID 83501																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address: Please Correct or Not Correct VALLEY EAR, NOSE, AND THROAT GR DANIEL P MILLER MD 3316 FOURTH ST LEWISTON ID 83501 0000	3. Incorporated Under The Laws of ID NO: 054751																								
** FINAL NOTICE ** NO FEE REQUIRED																										
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Daniel R. Miller</td> <td>321 Skyline Drive</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>Colin S. Doyle</td> <td>1428 17th Ave</td> <td>Lewiston,</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Directors:</td> <td></td> <td></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:	Daniel R. Miller	321 Skyline Drive	Lewiston	ID	83501	Secretary:	Colin S. Doyle	1428 17th Ave	Lewiston,	ID	83501	Directors:					
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Directors:																										
5. Nature of Business Medical Clinic	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <u>Signature</u>  <u>Name (Typed or Printed)</u> Daniel R. Miller <u>Date</u> 8 Oct 1991 <u>Title</u> President																									