Beturn To Secretary of State Room 203, Statehouse Boise, ID 83720  ** FIRST NOTICE * NO FEE REQUIRED  A. Names and Addresses of Officers and Directors  Name  Personal Plaza  ** First Officers and Directors  Name  ** President: Leafur Secretary: Directors: Hymn Blackhum  ** First Officers and Directors  Name  ** Street or PO. Address, Plaza Plaza  ** President: Leafur Secretary: Directors: Hymn Blackhum  ** Street or PO. Address, Plaza Plaza  ** First Notice *  Name  ** Street or PO. Address, Plaza Plaza  ** First Notice *  Name  ** Street or PO. Address, Plaza Plaza  ** Plaza Plaza  ** Street or PO. Address, Plaza  ** Plaza Plaza  ** Street or PO. Address, Plaza  ** Plaza Plaza  ** Street or PO. Address, Plaza  ** Plaza Plaza  ** Street or PO. Address, Plaza  ** Plaza Plaza  ** Street or PO. Address, Plaza  ** Plaza Plaza  ** Street or PO. Address, Plaza  ** Plaza Plaza  ** Plaza  ** Street or PO. Address, Plaza  ** Plaza  ** Plaza  ** Street or PO. Address, Plaza  ** Plaza  ** Plaza  ** Plaza  ** Street or PO. Address, Plaza  **	42400 lo.	Ideho Cornore	ition Annual Report Form	2. Regis	tered Agent an	d Office NO	T A P.O. BOX
Secretary of State Room 203, Statehouse Boise, ID 83720  # FIRST NOTICE * NO FEE REQUIRED  Name  Name  Street or P.O. Address.  President: Secretary: Directors:    Name		Due No Later Th	han November 1,1992				AZA
Boise, 1D 83720  LESTER J. PETERSEN, M.D.  ONE PROFESSIONAL PLAZA  * FIRST NOTICE *  NO FEE REQUIRED  REXBURG  ID 83440 0000  No: 42400  No: 42400  Nomes and Addresses of Officers and Directors  Name Street or P.O. Address.  President: Lester Place In President: Pla	Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE *						
Names and Addresses of Officers and Directors  Name  Name  Street or P.O. Address, Secretary: Directors:  Hyunn Blackburn  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 of Business  Malical Affilia  Signature Acids.  Date 7-8-92		1					83440
Names and Addresses of Officers and Directors  Name  Name  Street or P.O. Address  President: Secretary: Directors:  Hynum Blackhum  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and composite.  Signature State  10 83440 0000  No: 42400  No: 42400  No: 42400  State  Zio  Replacy  State  Zio  Replacy  Address  City  State  Zio  Replacy  Address  City  State  Zio  Replacy  Address  Address  Address  Address  State  Zio  Address  Address  Address  Address  Address  City  State  Zio  Address  Address  Address  Address  Address  Address  City  State  Zio  Address  City  State  Zio  Address  Add		ONE PROFESSIONAL PLAZA		of ID			
President: Lestin J Pettisen.  Street or P.O. Address,  President: Lestin J Pettisen.  Secretary: Directors: Hyrum Blackburn  Nature of Business  6.1 certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Medical Affilia  Signature Alext.  Signature Alext.  Date 7-8-92		REXBURG	ID 83440 0000	NO:	42400		
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