

No. 46134	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1990	2. Registered Agent and Office
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>		<b>JERROLD E. PARK</b> <b>720 COLLEGE AVE.</b>
	1. Mailing Address — Please Correct	<b>ST. MARIES ID 83861 70</b>
	<b>ST. JOE VALLEY CLINIC, PROF</b> <b>D. G. HENRIKSEN, M.D.</b> <b>229 SOUTH 8TH STREET</b>	3. Incorporated Under The Laws of <b>ID</b>
	<b>ST. MARIES ID 83861</b>	<b>NO: 046134</b>

## 4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	<b>D. G. HENRIKSEN, M.D.</b>	<b>229 - SOUTH 8TH</b>	<b>ST. MARIES</b>	<b>ID</b>	<b>83861</b>
Secretary:	<b>J. R. KATOVICH, JR. M.D.</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>"</b>
Directors:	<b>V.P. D.R. BAINES, M.D.</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>"</b>
	<b>TREASURER DJ LUTHER, M.D.</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>"</b>
	<b>BUS/MGR./ASST. SEC.</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>"</b>
	<b>R. D. HENRIKSEN</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>"</b>

## 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.

Signature

Name (Typed or Printed)

**D. G. HENRIKSEN, M.D.**

Date

Title

**7-10-90**  
**Pres**