INSTRUCTIONS ON REVERSE SIDE

| , | | | MONO ON THE VENCE OIDE | | | | |
|-----------------------|-------------|--------------------------------------|---|--------------------------------|--------------------|-------------|--|
| No. 453538 | k | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office | | | |
| Return To | ι | Due No Later Than | LARRY VAN GENOEREN | | | | |
| Secretary of State | 1 Mailir | ng Address — <i>Pleas</i> | 870 MEMORIAL DRIVE | | | | |
| Room 203, Stateh | ouse | | ja. | IDAHU FALLS | IDAHU FALLS. IDAHO | | |
| Boise, ID 83720 | 1 Law | CE RIVER OR | 33402 3. Incorporated Under The Laws of | | | | |
| SEO | _ | RY VAN GEND | | | | | |
| | | MEMORIAL DI | | | | | |
| 87 AUG 1 | | 190ANG FALLS+ IOAHO | | | | | |
| Names and Addresses | | | | STATE OF | LUAHU | | |
| | | ime | Street or P.O. Address | City | Stata | Zip | |
| | 1.50 | urny | Girect Of F.O. Address | City | State | <u> 210</u> | |
| President: | Larry VanGe | enderen, M.D. | 870 Memorial Drive | Idaho Falls | Id | 83402 | |
| Secretary: | Barbara Var | | 870 Memorial Drive | Idaho Falls | Id | 83402 | |
| Directors: | Larry VanGe | enderen | 870 Memorial Drive | Idaho Falls | Id | 83402 | |
| | | | € N . | T E R E D | | | |
| | | AUG 1 0 1987 | | | | | |
| 5. Nature of Business | | 6. I certify that t | his Annual Report has been exam | nined by me and is to the | e best of my | knowledge | |
| Physician | | Signature | Ser | Date 7 | -21-87 | | |
| FILYSTOLAI | | Name (Typed or L | arry Nan Genderen | Title PI | RESIDENT | | |