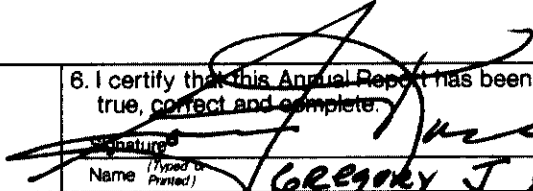


No. 074499	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To	Due No Later Than November 1, 1988		G. J. KADLEC, M.D. 526 B SHOUP AVENUE WEST TWIN FALLS, IDAHO 83301																									
Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SECRET AUG 31 1988	1. Mailing Address — Please Correct 074499				3. Incorporated Under The Laws of STATE OF IDAHO																							
	ASTHMA & ALLERGY OF IDAHO, P.A. G. J. KADLEC, M.D. 526 B SHOUP AVENUE WEST TWIN FALLS, IDAHO 83301																											
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Gregory J. Kadlec, M.D., P.A.</td> <td>526 B Shoup Ave. W.</td> <td>Twin Falls, Id.</td> <td>83301</td> <td></td> </tr> <tr> <td>Secretary:</td> <td>Judy A. Kadlec</td> <td>Same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>None</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Gregory J. Kadlec, M.D., P.A.	526 B Shoup Ave. W.	Twin Falls, Id.	83301		Secretary:	Judy A. Kadlec	Same				Directors:	None				
	Name	Street or P.O. Address	City	State	Zip																							
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Secretary:	Judy A. Kadlec	Same																										
Directors:	None																											
5. Nature of Business Physician		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) GREGORY J KADLEC Date 8/29/88 Title PRES																										

AUG 31 1988

ENTERED