

INSTRUCTIONS ON REVERSE SIDE

No. 67982	Idaho Corporation Annual Report Form Due No Later Than November 1,	2. Registered Agent and Office DAVID W. HEUSINKVELD 307 ST. JOHN'S WAY 3834 BARR RD LEWISTON, IDAHO 83501
Return To <i>Reinstatement</i> Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE Reinstatement Fee: 89 DEC 18 AM 8 55		1. Mailing Address — Please Correct 67982 DAVID W. HEUSINKVELD, M.D., P.A. DAVID W. HEUSINKVELD 307 ST. JOHN'S WAY 3834 BARR RD. LEWISTON, IDAHO 83501

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	DAVID W. HEUSINKVELD	3834 BARR RD	LEWISTON	ID.	83501
Secretary:	"	"	"	"	"
Directors:	"	"	"	"	"

DAVID W. HEUSINKVELD IS THE ONLY OFFICER AND ONLY STOCKHOLDER OF THE CORPORATION

5. Nature of Business PRACTICE OF MEDICINE	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 <i>David W. Heusinkveld</i> Date 15 Dec 89 Name (Typed or Printed) DAVID W. HEUSINKVELD Title PRESIDENT
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