INSTRUCTIONS ON REVERSE SIDE

No. 52568

**Idaho Corporation Annual Report Form**

*Due No Later Than November 1, 1993*

ISSUED: 07-01-1993

*Return To*

**Secretary of State**
**Room 203, Statehouse**
**Boise, ID 83720**

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address (Type or Print)

WAYNE L. COLEMAN, M.D. PROFESSI
RJAY LLOYD
~~P.O. BOX 4308~~ 7091 Emerald St.
83704-8618
BOISE ID ~~83744~~

2. Registered Agent and Office NOT A P.O. BOX

WAYNE L. COLEMAN
222 NORTH SECOND, #103
BOISE ID 83702

3. Incorporated Under The Laws of ID
NO: 52568

4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED

| | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| President: | Wayne L. Coleman | 222 N. 2nd, Ste. 103 | Boise, | Idaho | 83702 |
| Secretary: | Teresa W. Coleman | 222 N. 2nd, Ste. 103 | Boise, | Idaho | 83702 |
| Directors: | Wayne L. Coleman | 222 N. 2nd, Ste. 103 | Boise, | Idaho | 83702 |

5. Nature of Business

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 W Coleman, MD Date 7/14/93

Name (Typed or Printed) Wayne L. Coleman Title President