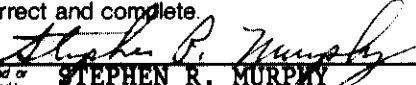
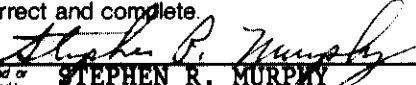
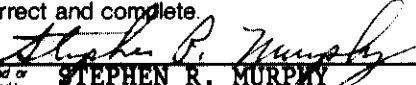


| No. 89958 | Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1992</i> | | 2. Registered Agent and Office NOT A P.O. BOX STEPHEN R. MURPHY 734 COUNTRYSIDE LN IDAHO FALLS ID 83404 | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------|--|--|-------------------------------|-------------|--------------|------------|------------|-------------------|----------------------|-------------|----|-------|------------|-------------------|----------------------|-------------|----|-------|------------|--|--|--|--|--|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED | 1. Mailing Address Please Correct If Not Correct PACIFIC MOUNTAIN PERFUSION INC. STEPHEN R. MURPHY 734 COUNTRYSIDE LN IDAHO FALLS ID 83404 0000 | | 3. Incorporated Under The Laws of NO: 89958 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;"><u>Name</u></th> <th style="width: 30%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>STEPHEN R. MURPHY</td> <td>734 COUNTRYSIDE LANE</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary:</td> <td>PAMELYN S. MURPHY</td> <td>734 COUNTRYSIDE LANE</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | STEPHEN R. MURPHY | 734 COUNTRYSIDE LANE | IDAHO FALLS | ID | 83404 | Secretary: | PAMELYN S. MURPHY | 734 COUNTRYSIDE LANE | IDAHO FALLS | ID | 83404 | Directors: | | | | | |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | | |
| President: | STEPHEN R. MURPHY | 734 COUNTRYSIDE LANE | IDAHO FALLS | ID | 83404 | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | PAMELYN S. MURPHY | 734 COUNTRYSIDE LANE | IDAHO FALLS | ID | 83404 | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business HEALTH SERVICES | | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  <small>(Typed or Printed)</small> STEPHEN R. MURPHY </td> <td style="width: 40%;"> Date 8/3/92 Title PRESIDENT </td> </tr> </table> | | | Signature  <small>(Typed or Printed)</small> STEPHEN R. MURPHY | Date 8/3/92 Title PRESIDENT | | | | | | | | | | | | | | | | | | | | | | |
| Signature  <small>(Typed or Printed)</small> STEPHEN R. MURPHY | Date 8/3/92 Title PRESIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |