

August 15, 1994

Alan Ball
1360 Ponder Point Dr.
Sandpoint ID 83864

RE: CENTRAL PRO-MED, P.A. #105441

Dear Mr. Ball:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

We noted that the corporate name has been altered to indicate a corporate name change. Please be advised, however, that the records of this office do not show that articles of amendment have been filed to effect the name change. Should you wish to change the corporate name, you must file articles of amendment pursuant to Section 30-1-61, Idaho Code, along with filing fees of \$30.00.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

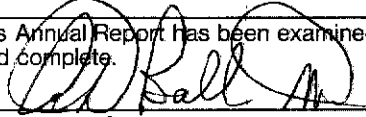
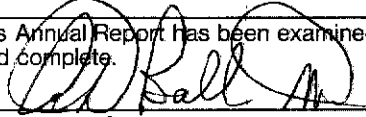
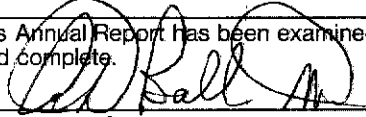
Very truly yours,

Debbie Farnsworth
Corporate Division

Enclosures: cited

ISSUED: 07-05-1994

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No. 105441	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office NOT A P.O. BOX ALAN BALL 1360 PONDER POINT DR																									
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — Properly Completed & Accurate CENTRAL PRO-MED, (P.A.) P.C. ALAN BALL 1360 PONDER POINT DR SANDPOINT ID 83864		SANDPOINT ID 83864 3. Incorporated Under The Laws of ID NO: 105441																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Alan Ball</td> <td>1360 Ponder Point Drive</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Secretary:</td> <td>same</td> <td>↓</td> <td>↓</td> <td>↓</td> <td>↓</td> </tr> <tr> <td>Directors:</td> <td>same</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:	Alan Ball	1360 Ponder Point Drive	Sandpoint	ID	83864	Secretary:	same	↓	↓	↓	↓	Directors:	same				
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President:	Alan Ball	1360 Ponder Point Drive	Sandpoint	ID	83864																							
Secretary:	same	↓	↓	↓	↓																							
Directors:	same																											
5. Nature of Business Medical 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 border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Signature  Name (Typed or Printed) A. D. BALL M.D. </td> <td style="width: 50%;"> Date Title Pres. </td> </tr> </table>			Signature  Name (Typed or Printed) A. D. BALL M.D.	Date Title Pres.																						
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