

No. 55049	Idaho Corporation Annual Report Form Due No Later Than November 1,		2. Registered Agent and Office NOT A P.O. BOX ANNE R. CURRAN 4227 TIO LANE NAMPA ID 83651																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address J. ROGER CURRAN, M.D. PROFESSIO J. ROGER CURRAN 1615B 12TH AVE. RD. NAMPA ID 83686		3. Incorporated Under The Laws of ID NO: 55049																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<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>J. ROGER CURRAN, M.D.</td> <td>4227 TIO LANE</td> <td>NAMPA</td> <td>ID.</td> <td>83686</td> </tr> <tr> <td>Secretary:</td> <td>ANNE R. CURRAN</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	J. ROGER CURRAN, M.D.	4227 TIO LANE	NAMPA	ID.	83686	Secretary:	ANNE R. CURRAN	" " "	"	"	"	Directors:					
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Directors:																												
5. Nature of Business MEDICAL PRACTICE	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="1"> <tr> <td>Signature</td> <td><i>Anne R. Curran</i></td> <td>Date</td> <td>9/15/93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>ANNE R. CURRAN</td> <td>Title</td> <td>Corp. Secy</td> </tr> </table>				Signature	<i>Anne R. Curran</i>	Date	9/15/93	Name (Typed or Printed)	ANNE R. CURRAN	Title	Corp. Secy																
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