

INSTRUCTIONS ON REVERSE SIDE

No. 79650	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX NEWELL K. RICHARDSON, MD 450 EAST MAIN REXBURG ID 83440																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		3. Incorporated Under The Laws of ID NO: 079650																									
	RADIOLOGY OF REXBURG, P.A. NEWELL K. RICHARDSON, MD P. O. BOX 355 REXBURG ID 83440																											
4. Names and Addresses of Officers and Directors <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>NEWELL K. RICHARDSON</td> <td>450 E. MAIN</td> <td>REXBURG</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Secretary:</td> <td>ILLA MAE RICHARDSON</td> <td>450 E. MAIN</td> <td>REXBURG</td> <td>ID</td> <td>83440</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:	NEWELL K. RICHARDSON	450 E. MAIN	REXBURG	ID	83440	Secretary:	ILLA MAE RICHARDSON	450 E. MAIN	REXBURG	ID	83440	Directors:					
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Directors:																												
5. Nature of Business <i>Medical Service</i>		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>NEWELL K. Richardson</i> Date <i>19 Aug 91</i> Name (Typed or Printed) NEWELL K. RICHARDSON Title <i>PRES.</i>																										