

No. 92811	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX SCOTT P. ESKELSON 485 E. STREET IDAHO FALLS ID 83402																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> LYNN P. ESKELSON, M.D., P.A. LYNN P. ESKELSON 485 E. STREET IDAHO FALLS ID 83402		3. Incorporated Under The Laws of ID NO: 092811																				
	4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <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>Lynn P. Eskelson, M.D., P.A.</td> <td>485 "E" Street</td> <td>Idaho Falls</td> <td>ID 83402</td> </tr> <tr> <td>Secretary:</td> <td>Scott P. Eskelson</td> <td>485 "E" Street</td> <td>Idaho Falls</td> <td>ID 83402</td> </tr> <tr> <td>Directors:</td> <td>Lynn P. Eskelson</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Lynn P. Eskelson, M.D., P.A.	485 "E" Street	Idaho Falls	ID 83402	Secretary:	Scott P. Eskelson	485 "E" Street	Idaho Falls	ID 83402	Directors:	Lynn P. Eskelson		
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5. Nature of Business <i>Medical Practice</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. <table border="1"> <tr> <td>Signature</td> <td><i>Scott P. Eskelson</i></td> <td>Date</td> <td><i>7-10-91</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><i>Scott P. Eskelson</i></td> <td>Title</td> <td><i>Secretary</i></td> </tr> </table>				Signature	<i>Scott P. Eskelson</i>	Date	<i>7-10-91</i>	Name (Typed or Printed)	<i>Scott P. Eskelson</i>	Title	<i>Secretary</i>											
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