

ISSUED: 07-05-1994

No. 93610	Idaho Corporation Annual Report Form		2. Registered Agent and Office																						
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		GRAHAM K WETHERLEY, M.D. 984 N CURTIS #303 1000 N. Curtis Rd Ste 303 BOISE ID 83706																						
GRAHAM K. WETHERLEY, M.D., CHAR GRAHAM K WETHERLEY, M.D. 984 N. CURTIS #303 1000 #303 BOISE ID 83706			3. Incorporated Under The Laws of ID NO: 93610																						
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: Graham K. Wetherley, M.D.</td> <td>1000 North Curtis Rd Ste 303</td> <td>Boise</td> <td>Id</td> <td>83707</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President: Graham K. Wetherley, M.D.	1000 North Curtis Rd Ste 303	Boise	Id	83707	Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																					
President: Graham K. Wetherley, M.D.	1000 North Curtis Rd Ste 303	Boise	Id	83707																					
Secretary:																									
Directors:																									
5. Nature of Business Medical	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				Date 7-15-94																					
Name (Type or Print)		Graham K. Wetherley, M.D.		Title President																					