

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

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|--|---|---|
| No. 62466 | Idaho Corporation Annual Report Form | 2. Registered Agent and Office |
| Return To: Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED | <i>Due No Later Than November 1, 1990</i> | BRUCE A. BUCK, M.D. |
| | 1. Mailing Address — <i>Please Correct</i> | 2044 SHERRY LANE |
| | BRUCE A. BUCK, M.D., P.A. BRUCE A. BUCH, M.D. 2044 SHERRY LAND TWIN FALLS ID 83301 | TWIN FALLS ID 83301 23 3. Incorporated Under The Laws of ID NO: 062466 |

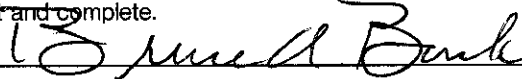
4. Names and Addresses of Officers and Directors

| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|------------|----------------|-------------------------------|-------------|--------------|------------|
| President: | Bruce A. Buck | 2044 Sherry Lane | Twin Falls | Idaho | 83301 |
| Secretary: | Andrea L. Buck | 2044 Sherry Lane | Twin Falls | Idaho | 83301 |
| 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
 (Typed or
 Name Printed)



 Date
 Title **President** **7-12-90**