INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

No. 64675

*Return To*

**Secretary of State**
**Room 203, Statehouse**
**Boise, ID 83720**

NO FEE REQUIRED

## Idaho Corporation Annual Report Form

*Due No Later Than November 1,* 1990

1. Mailing Address — *Please Correct*

WILLIAM C. MANNSCHRECK M.D.
WILLIAM C. MANNSCHRECK
324 - 5TH STREET

LEWISTON ID 83501

2. Registered Agent and Office

WILLIAM C. MANNSCHRECK
324 - 5TH STREET

LEWISTON ID 83501 7

3. Incorporated Under The Laws of ID

NO: 064675

4. Names and Addresses of Officers and Directors

| | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| President: | William C. Mannschreck | 324 5th Street | Lewiston, Id | | 83501 |
| Secretary: | Roena M Mannschreck | 324 5th Street | Lewiston, | ID | 83501 |
| Directors: | William C. Mannschreck | 324 5th Street | Lewiston, | ID | 93501 |

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.

Signature William C. Mannschreck Date 7-9-90

Name (Typed or Printed) William C. Mannschreck Title President