

No. 64675	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To	Due No Later Than November 1, 1990	WILLIAM C. MANNSCHRECK 324 - 5TH STREET
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct	LEWISTON ID 83501 7
	WILLIAM C. MANNSCHRECK M.D. WILLIAM C. MANNSCHRECK 324 - 5TH STREET	3. Incorporated Under The Laws of ID
NO FEE REQUIRED	LEWISTON ID 83501	NO: 064675

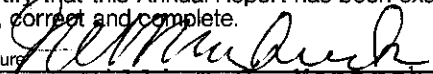
4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	William C. Mannschreck	324 5th Street	Lewiston, Id	83501	
Secretary:	Boena 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: 
 Name (Typed or Printed): William C. Mannschreck

Date 7-9-90

Title President