

INSTRUCTIONS ON REVERSE SIDE

No. 55357	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																					
Return To	Due No Later Than November 30, 1995		DONALD LOJEK																					
REINSTATEMENT	1. Mailing Address - Please Correct If Not Correct		305 W FORT																					
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	WARD E. DICKEY, M.D., CHARTERED		BOISE ID 83702																					
* FIRST NOTICE * STATE	WARD E. DICKEY		3. Incorporated Under The Laws of																					
NO FEE REQUIRED IDAHO	1515 EAST JEFFERSON		ID																					
BOISE	ID 83712		NO: 55357																					
4. Names and Addresses of Officers and Directors																								
<table border="0"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President: Ward E Dickey MD</td> <td>1515 E Jefferson</td> <td>Boise</td> <td>ID</td> <td>83712</td> </tr> <tr> <td>Secretary: Marion L. Dickey</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors: Above</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Postal Code	President: Ward E Dickey MD	1515 E Jefferson	Boise	ID	83712	Secretary: Marion L. Dickey					Directors: Above				
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Secretary: Marion L. Dickey																								
Directors: Above																								
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																						
Medical practice		Signature <u>Ward E Dickey MD</u> Date <u>12-17-95</u> Name (Typed or Printed) <u>Ward E Dickey MD</u> Title <u>Pres</u>																						