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| No. 74467 | Idaho Corporation Annual Report Form | 2. Registered Agent and Office |
| Return To | Due No Later Than November 1, 1990 | MARK F. GREFENSON, M.D. |
| Secretary of State Room 203, Statehouse Boise, ID 83720 | 1. Mailing Address — Please Correct | 570 SHOUP AVENUE WEST |
| | MAGIC VALLEY EAR, NOSE & TH | TWIN FALLS ID 83301 23 |
| | MARK F. GREFENSON, M.D. | 3. Incorporated Under The Laws |
| | 570 SHOUP AVENUE WEST | of ID |
| NO FEE REQUIRED | TWIN FALLS ID 83301 | NO: 074467 |

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: | Mark F. Grefenson, MD | 782 Campus Drive | Twin Falls | Idaho | 83301 |
| Secretary: | Larry D. Maxwell, MD | 790 Academic Drive | 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
Printed)

Larry D. Maxwell, MD

Date X

Title Secretary