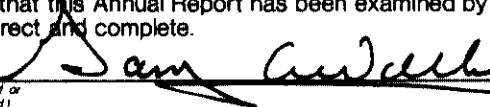
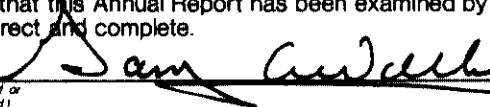
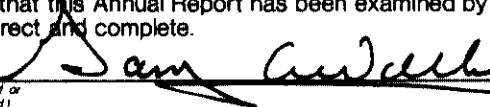


No. 93388 REINSTATEMENT Return to Secretary of State Room 203, Statehouse Boise, ID 83720 Forfeited 12-15-92 SEC. OF STATE Reinstatement \$16.00	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992 1. Mailing Address — Please Correct 93388 MEDICAL SERVICES GROUP, INC. Gene H. Horne 6565 Emerald St 101 S. Capitol Blvd. West One Plaza, Ste. 1202 Boise ID 83702 83704	2. Registered Agent and Office Gene H. Horne Gray W. Wallie 6565 Emerald 101 S. Capitol Blvd. West One Plaza, Ste. 1202 Boise ID 83702 83704 3. Incorporated Under The Laws of Idaho 93388																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 5%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Gray W. Wallie</td> <td>3026 S Whitquest Way</td> <td>Engle</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>Secretary:</td> <td>Robin R. Wallie</td> <td>1000 Muldoon</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Gray W. Wallie	3026 S Whitquest Way	Engle	ID	83616	Secretary:	Robin R. Wallie	1000 Muldoon	Boise	ID	83706	Directors:					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
President:	Gray W. Wallie	3026 S Whitquest Way	Engle	ID	83616																					
Secretary:	Robin R. Wallie	1000 Muldoon	Boise	ID	83706																					
Directors:																										
5. Nature of Business Operation of Primary Care Medical Clinic	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) </td> <td style="width: 40%;"> Date 2/23/93 Title President </td> </tr> </table>		Signature  Name (Typed or Printed)	Date 2/23/93 Title President																						
Signature  Name (Typed or Printed)	Date 2/23/93 Title President																									