

No. 046134	Idaho Corporation Annual Report Form	2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1988	JERROLD E. PARK 720 COLLEGE AVE. ST. MARIES, IDAHO 83861																									
	1. Mailing Address — Please Correct 046134																										
	ST. JOE VALLEY CLINIC, PROFESSION D. G. HENRIKSEN, M.D. 229 SOUTH 8TH STREET ST. MARIES, IDAHO 83861	3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																											
RECEIVED SECRETARY JUL 13 1988 President: D. G. HENRIKSEN, M.D. Secretary: D. V. VANEK, M.D. Directors: DR. J. BAINES, M.D. J. R. KATOVEN, M.D.	<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>D. G. HENRIKSEN, M.D.</td> <td>229-8TH</td> <td>ST. MARIES</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>D. V. VANEK, M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>DR. J. BAINES, M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>J. R. KATOVEN, M.D.</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	D. G. HENRIKSEN, M.D.	229-8TH	ST. MARIES	ID	83861	D. V. VANEK, M.D.	"	"	"	"	DR. J. BAINES, M.D.	"	"	"	"	J. R. KATOVEN, M.D.	"	"	"	"	ENTERED
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J. R. KATOVEN, M.D.	"	"	"	"																							
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 CLINIC	Signature <u>J. G. HENRIKSEN</u> Date <u>7-11-88</u> Name (Typed or Printed) <u>J. G. HENRIKSEN</u> Title <u>PRESIDENT</u>																										