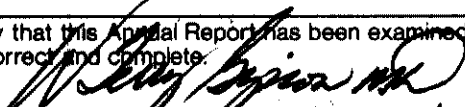
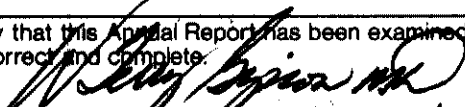
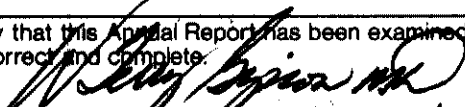


| <b>No. 93432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1982<br>1 Mailing Address - Please Correct If Not Correct<br><b>WESTERN PSYCHIATRIC ASSOCIATES,<br/>         RICHARD F. GOODSON<br/>         P.O. BOX 1617<br/><br/>         BOISE ID 83701 0000</b>                                                                                                                                                                                                                                  | ISSUED: 10-01-1982<br>2. Registered Agent and Office NOT A P.O. BOX<br><b>W. TERRY GIPSON, M.D.<br/>         1000 N CURTIS ROAD<br/>         SUITE 301<br/>         BOISE ID 83706 0000</b><br>3. Incorporated Under The Laws<br>of ID<br><b>NO: 93432</b> |                                                                                                                                                |                                                |             |              |            |                                       |                                  |              |           |              |                                   |   |   |   |   |            |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------|--------------|------------|---------------------------------------|----------------------------------|--------------|-----------|--------------|-----------------------------------|---|---|---|---|------------|---|---|---|---|
| Return To<br><b>Secretary of State<br/>         Room 203, Statehouse<br/>         Boise, ID 83720</b><br><br><b>** FINAL NOTICE **<br/>         NO FEE REQUIRED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                            |                                                                                                                                                |                                                |             |              |            |                                       |                                  |              |           |              |                                   |   |   |   |   |            |   |   |   |   |
| 4. Names and Addresses of Officers and Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                            |                                                                                                                                                |                                                |             |              |            |                                       |                                  |              |           |              |                                   |   |   |   |   |            |   |   |   |   |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 35%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: <b>W. TERRY GIPSON MD.</b></td> <td><b>1161 N. RIMM ST, STE 390,</b></td> <td><b>BOISE</b></td> <td><b>ID</b></td> <td><b>83702</b></td> </tr> <tr> <td>Secretary: <b>DIANA S. GIPSON</b></td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> </tr> <tr> <td>Directors:</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                            | <u>Name</u>                                                                                                                                    | <u>Street or P.O. Address</u>                  | <u>City</u> | <u>State</u> | <u>Zip</u> | President: <b>W. TERRY GIPSON MD.</b> | <b>1161 N. RIMM ST, STE 390,</b> | <b>BOISE</b> | <b>ID</b> | <b>83702</b> | Secretary: <b>DIANA S. GIPSON</b> | " | " | " | " | Directors: | " | " | " | " |
| <u>Name</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Street or P.O. Address</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>City</u>                                                                                                                                                                                                                                                | <u>State</u>                                                                                                                                   | <u>Zip</u>                                     |             |              |            |                                       |                                  |              |           |              |                                   |   |   |   |   |            |   |   |   |   |
| President: <b>W. TERRY GIPSON MD.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1161 N. RIMM ST, STE 390,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>BOISE</b>                                                                                                                                                                                                                                               | <b>ID</b>                                                                                                                                      | <b>83702</b>                                   |             |              |            |                                       |                                  |              |           |              |                                   |   |   |   |   |            |   |   |   |   |
| Secretary: <b>DIANA S. GIPSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | "                                                                                                                                                                                                                                                          | "                                                                                                                                              | "                                              |             |              |            |                                       |                                  |              |           |              |                                   |   |   |   |   |            |   |   |   |   |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | "                                                                                                                                                                                                                                                          | "                                                                                                                                              | "                                              |             |              |            |                                       |                                  |              |           |              |                                   |   |   |   |   |            |   |   |   |   |
| 5. Nature of Business<br><b>MEDICAL PRACTICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature <br/>           Name (Typed or Printed) <b>W. TERRY GIPSON</b> </td> <td style="width: 40%;">           Date <b>10/12/82</b><br/>           Title <b>PRESIDENT</b> </td> </tr> </table> |                                                                                                                                                                                                                                                            | Signature <br>Name (Typed or Printed) <b>W. TERRY GIPSON</b> | Date <b>10/12/82</b><br>Title <b>PRESIDENT</b> |             |              |            |                                       |                                  |              |           |              |                                   |   |   |   |   |            |   |   |   |   |
| Signature <br>Name (Typed or Printed) <b>W. TERRY GIPSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date <b>10/12/82</b><br>Title <b>PRESIDENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                            |                                                                                                                                                |                                                |             |              |            |                                       |                                  |              |           |              |                                   |   |   |   |   |            |   |   |   |   |