

<b>No.</b> 68208  Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  SEC.  38 OCT 14 AM 9 18	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1988</i> <b>1. Mailing Address — Please Correct</b> 68208  <b>MARJORIE M. WINDERMAN, M.D., P.A.</b> <b>MARJORIE M. WINDERMAN</b> <b>P.O. BOX 1769</b> <b>COEUR D'ALENE, IDAHO</b> <b>83814</b>	<b>2. Registered Agent and Office</b>  <b>MARJORIE M. WINDERMAN</b> <b>HCR 68, BOX 248</b> <b>CAREYWOOD, IDAHO</b> <b>83809</b>  <b>3. Incorporated Under The Laws</b> of  <b>STATE OF IDAHO</b>			
<b>4. Names and Addresses of Officers and Directors</b>					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Marjorie M Winderman MD	HCR 68 Box 248	Careywood,	Id	83809
Secretary:	Marjorie M Winderman MD	HCR 68 Box 248	Careywood	Id	83809
Directors:					
<b>ENTERED</b> <b>OCT 19 1988</b>					
<b>5. Nature of Business</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.</b> Signature <u>Marjorie M Winderman M.D.</u> Date <u>10-5-88</u> Name (Typed or Printed) _____ Title _____				