

INSTRUCTIONS ON REVERSE SIDE

No. 67533		Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1991</i>		2. Registered Agent and Office NOT A P.O. BOX																										
<i>Return To</i> Secretary of State Room 203, Statehouse Boise, ID 83720				DONALD ALLEN SHRADER 3316 1/2, FOURTH, SUITE 4B																										
<i>NO FEE REQUIRED</i>		1. Mailing Address - Please Correct If Not Current D. ALLEN SHRADER, M.D., P.A. DONALD ALLEN SHRADER 3316 1/2 FOURTH, SUITE 4B LEWISTON ID 83501		LEWISTON ID 83501																										
4. Names and Addresses of Officers and Directors		<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>D. Allen Shrader, M.D.</td> <td>3316½ 4th Street, Suite 4B</td> <td>Lewiston,</td> <td>Idaho</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>D. Allen Shrader, M.D.</td> <td>3316½ 4th Street, Suite 4B</td> <td>Lewiston,</td> <td>Idaho</td> <td>83501</td> </tr> <tr> <td>Directors:</td> <td>D. Allen Shrader, M.D.</td> <td>3316½ 4th Street, Suite 4B</td> <td>Lewiston,</td> <td>Idaho</td> <td>83501</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	D. Allen Shrader, M.D.	3316½ 4th Street, Suite 4B	Lewiston,	Idaho	83501	Secretary:	D. Allen Shrader, M.D.	3316½ 4th Street, Suite 4B	Lewiston,	Idaho	83501	Directors:	D. Allen Shrader, M.D.	3316½ 4th Street, Suite 4B	Lewiston,	Idaho	83501
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5. Nature of Business Physician's Office - Urology		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  Name (Type or Print) D. Allen Shrader, M.D., P.A.																												
		Date 7/8/91 Title President																												