

No. 048618	Idaho Corporation Annual Report Form Due No Later Than November 1, 1967		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED JUL 17 AM 10 45	1. Mailing Address — Please Correct		KITCHENER E. HEAD DRIGGS, ID 83422																									
	KITCHENER E. HEAD, P.A. KITCHENER E. HEAD BOX 430 DRIGGS, IDAHO 83422		3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Kitchener E. Head</td> <td>473 Bering Street</td> <td>None</td> <td>AK</td> <td>99762</td> </tr> <tr> <td>Secretary:</td> <td>Sonja G. Head</td> <td>473 Bering Street</td> <td>None</td> <td>AK</td> <td>99762</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Kitchener E. Head	473 Bering Street	None	AK	99762	Secretary:	Sonja G. Head	473 Bering Street	None	AK	99762	Directors:					
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Secretary:	Sonja G. Head	473 Bering Street	None	AK	99762																							
Directors:																												
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.																										
Practice of Medicine		Signature <u>K. Head</u> Date <u>7-13-87</u> Name (Typed or Printed) <u>K. HEAD</u> Title <u>M.D. President</u>																										