

No.	<b>Idaho Corporation Annual Report Form</b> <b>1992</b> Due No Later Than November 1,	2. Registered Agent and Office NOT A P.O. BOX <b>LARRY R. DELANE</b> <b>3326 FOURTH STREET</b>  <b>LEWISTON ID 83501</b>
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	1. Mailing Address -- Please Correct If Not Correct <b>LARRY R. DELANE, M.D., P.A.</b> <b>LARRY R. DELANE, M.D.</b> <b>3326 FOURTH ST.</b>  <b>LEWISTON ID 83501 0000</b>	3. Incorporated Under The Laws of <b>NO: 78770</b>

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Larry R. Delane, M.D.	3434 Selway Drive	Lewiston, Idaho		83501
Secretary:	Cheri E. Delane	3434 Selway Drive	Lewiston, Idaho		83501
Directors:					

5. Nature of Business  
*Medical Doctor*  
*Family Practice*

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

 (Typed or  
 Printed)

*Cheri E. Delane*  
 Cheri E. Delane

Date

*7-9-92*

Title

*Corporate Secretary*