	INSTRUCTION	NS ON REVERSE SIDE	e v w m b		
No. 87041	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1 Mailing Address. Please Correct If Not Correct		2. Registered Agent and Office NOT A P.O. BOX ALLAN E. MENDELL M.D. 1605 HAYDEN VIEW DRIVE #8		
Return To Secretary of State Room 203, Statehouse Bolse, ID 83720					
					ALLAN E. MENDELL, M.D., P.A ALLAN E. MENDELL, M.D. 1605 HAYDEN VIEW DRIVE #B
	3. Incorporated Under Th	e Laws			
	NO FEE REQUIRED	COEUR D'ALENE	10 83814	NO: 087041	
4. Names and Addresses of Office	rs and Directors				
	Name	Street or P.O. Address	<u>City</u>	State Zip	
	on E. Manchell	1605 Horan Urem K			
Secretary: 30/3 Directors:	sta Mendael	1605 Hords Um 0	lower differe	,	
	1				
5. Nature of Business	6.1 certify that t	his Annual Report has been exa	mined by me and is to the b	est of my knowledge	
Physician	Signeture	is the on	Date 7/6	191	
	Name House / Allan & Mendell		Title Pres	Date 7/8/91 Title President	