

No. 85397 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1,</i> 1. Mailing Address — <i>Please Correct</i> CRAIG ALAN SINKINSON, M.D., CRAIG A. SINKINSON P.O. BOX 659 HAGERMAN ID 83332	2. Registered Agent and Office CRAIG A. SINKINSON 645 RIVER ROAD HAGERMAN ID 83332 3. Incorporated Under The Laws of ID NO: 085397																								
4. Names and Addresses of Officers and Directors <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 35%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>CRAIG A. SINKINSON, M.D.</td> <td>P.O. Box 659</td> <td>HAGERMAN</td> <td>ID</td> <td>83332</td> </tr> <tr> <td>Secretary:</td> <td>MARILEE J. KURACINA, M.D.</td> <td>P.O. Box 659</td> <td>HAGERMAN</td> <td>ID</td> <td>83332</td> </tr> <tr> <td>Directors:</td> <td colspan="5"> ↳ SAME TWO AS ABOVE </td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	CRAIG A. SINKINSON, M.D.	P.O. Box 659	HAGERMAN	ID	83332	Secretary:	MARILEE J. KURACINA, M.D.	P.O. Box 659	HAGERMAN	ID	83332	Directors:	↳ SAME TWO AS ABOVE				
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
President:	CRAIG A. SINKINSON, M.D.	P.O. Box 659	HAGERMAN	ID	83332																					
Secretary:	MARILEE J. KURACINA, M.D.	P.O. Box 659	HAGERMAN	ID	83332																					
Directors:	↳ SAME TWO AS ABOVE																									
5. Nature of Business PHYSICIAN SERVICES	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 Craig A. Sinkinson, M.D. Date 10/30/90 Name <small>(Typed or Printed)</small> CRAIG A. SINKINSON, M.D. Title PRESIDENT																									