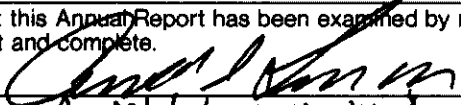


No. 067992	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 88 JUL 11 11 42	Due No Later Than November 1, 1988		ARNOLD LEVIN, M.D. 1777 EAST CLARK, SUITE 1 POCA TELLO, IDAHO 83201																									
	1. Mailing Address — Please Correct 067992																											
	ARNOLD LEVIN, M.D., P.A. ARNOLD LEVIN, M.D. P.O. BOX 4788 POCA TELLO, IDAHO 83201		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>Arnold Levin, M.D.</td> <td>P.O. Box 4788</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td>Colleen Levin,</td> <td>P.O. Box 4788</td> <td>Pocatello</td> <td>ID</td> <td>83201</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:	Arnold Levin, M.D.	P.O. Box 4788	Pocatello	ID	83201	Secretary:	Colleen Levin,	P.O. Box 4788	Pocatello	ID	83201	Directors:					
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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.																										
Physician		Signature  Name (Typed or Printed) ARNOLD LEVIN, M.D. Date 7/6/88 Title																										