

No. <b>C 65374</b>	<b>Due no later than Nov 30, 2000 Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  EDWARD A. SHAPIRO, M.D., P.A. EDWARD A. SHAPIRO, M.D. 324 FIFTH STREET  LEWISTON, ID 83501	EDWARD A. SHAPIRO, M.D. 324 5TH ST  LEWISTON, ID 83501  3. <u>New</u> Registered Agent Signature																								
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</p> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Edward A. Shapiro, M.D.</td> <td>324 5th St.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary</td> <td>Edward A. Shapiro, M.D.</td> <td>324 5th St.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Director</td> <td>Edward A. Shapiro, M.D.</td> <td>324 5th St.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Edward A. Shapiro, M.D.	324 5th St.	Lewiston	ID	83501	Secretary	Edward A. Shapiro, M.D.	324 5th St.	Lewiston	ID	83501	Director	Edward A. Shapiro, M.D.	324 5th St.	Lewiston	ID	83501
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5. Organized Under the Laws of:  IDAHO C 65374	6. Signature <u>Edward A. Shapiro M.D.</u> Date <u>9/21/2000</u> Name <small>(Typed or Printed)</small> <u>Edward A. Shapiro M.D.</u> Title: <u>President</u>																									

Issued 09/04/2000

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