

No. W 1937	Due no later than Jan 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX KENT J SMITH 284 MARTIN ST #2 TWIN FALLS, ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NEW HAVEN MEDICAL LEASING COMPANY, TED L REA 284 MARTIN ST TWIN FALLS, ID 83301		3. New Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Members.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
Member	Ted L. Rea	P.O. Box 1293	Twin Falls ID 83303
Member	Kent J. Smith	P.O. Box 1293	Twin Falls ID 83303
5. Organized Under the Laws of: IDAHO W 1937		6. Signature <i>Kent J. Smith MD</i> Date <u>11-30-01</u> Name <small>(Typed or Printed)</small> <u>Kent J. Smith</u> Title <u>Member</u>	

Issued 11/01/2001

Do Not Tape or Staple

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