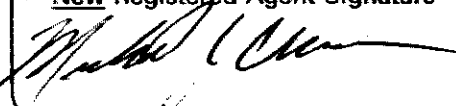



No. <b>C 87424</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1999</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <del>LEONARD HOLMQUIST</del> <del>405 NOLAN</del> Michael J Clure 100 FOSS Lane HORSESHOE BE ID 83629
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct If Not Correct  <b>HORSESHOE BEND EMERGENCY MED</b>  <b>BOX 402</b>	3. Organized Under the Laws of:
<b>★★ FINAL NOTICE ★★</b>		
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>  PRAS Sec.	<u>Name</u>  Michael J Clure Darlene L. Hefner	<u>Street or P.O. Address</u>  PO Box 402 P.O. Box 514
<u>City</u>  HSD Horseshoe Bend	<u>State</u>  ID ID	<u>Zip</u>  83629 83629
5. <u>New Registered Agent Signature</u> 	6. Signature  Date <u>10/26/99</u> Name (Typed or Printed) <u>Michael J Clure</u> Title <u>PRAS.</u>	

ISSUED: 10-01-1999

5494