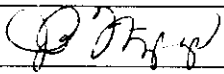


No. C 69355	Due no later than March 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable WILLIAM C. FITZHUGH, M.D., P.A. WILLIAM C FITZHUGH M.D. 589 SHOUP AVE. WEST TWIN FALLS, ID 83301	WILLIAM C FITZHUGH 589 SHOUP AVE. WEST TWIN FALLS, ID 83301														
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>W.C. FITZHUGH, MD</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">589 Shoup Ave. W.</td> <td rowspan="2" style="vertical-align: middle;">TWIN FALLS</td> <td rowspan="2" style="vertical-align: middle;">ID 83301</td> </tr> <tr> <td>Sec.</td> <td>J.P. FITZHUGH</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	W.C. FITZHUGH, MD	}	589 Shoup Ave. W.	TWIN FALLS	ID 83301	Sec.	J.P. FITZHUGH
Office held	Name	Street or P.O. Address	City	State	Zip											
Pres.	W.C. FITZHUGH, MD	}	589 Shoup Ave. W.	TWIN FALLS	ID 83301											
Sec.	J.P. FITZHUGH															
5. Organized Under the Laws of: IDAHO C 69355	6. Signature  Date <u>1-16-06</u> Name (Typed or Printed) _____ Title _____															

Issued 01/04/2006

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