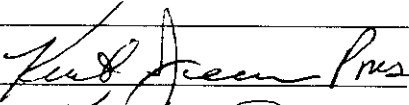


No. C 119651	Due no later than May 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		KENT JENSEN 202 GULCH LN TWIN FALLS, ID 83301													
	KJ MEDICAL, INC. 202 GULCH LN TWIN FALLS, ID 83301															
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</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>PRES.</td> <td>KENT JENSEN</td> <td>202 Gulch LN</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	KENT JENSEN	202 Gulch LN	TWIN FALLS	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip											
PRES.	KENT JENSEN	202 Gulch LN	TWIN FALLS	ID	83301											
5. Organized Under the Laws of: IDAHO C 119651		6. Signature  Date 3-08-03 Name (Typed or Printed) KENT JENSEN Title Pres.														