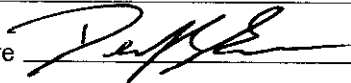
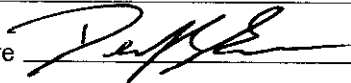
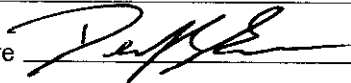


<b>No. W 4631</b>	<b>Due no later than Sep 30, 2000</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b> DEREK C ENCE 2235 E 25TH ST #220 IDAHO FALLS, ID 83404																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable CROWN MEDICAL, LLC <del>DEREK C. ENCE</del> Derek C. Ence PO BOX 1491  IDAHO FALLS, ID 83403		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Brett Wright</td> <td>2235 E 25<sup>th</sup> #220</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>manager</td> <td>Dan Harwood</td> <td>2235 E 25<sup>th</sup> #220</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>manager</td> <td>Ben Ball</td> <td>2235 E 25<sup>th</sup> #220</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Brett Wright	2235 E 25 <sup>th</sup> #220	Idaho Falls	ID	83404	manager	Dan Harwood	2235 E 25 <sup>th</sup> #220	Idaho Falls	ID	83404	manager	Ben Ball	2235 E 25 <sup>th</sup> #220	Idaho Falls	ID	83404
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5. Organized Under the Laws of:  IDAHO W 4631		6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">           Signature             Name (Typed or Printed) <u>Derek Ence</u> </td> <td style="width: 50%;">           Date <u>8-15-00</u>            Title: <u>General Counsel</u>            X <del>Title</del> </td> </tr> </table>		Signature  Name (Typed or Printed) <u>Derek Ence</u>	Date <u>8-15-00</u> Title: <u>General Counsel</u> X <del>Title</del>																						
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