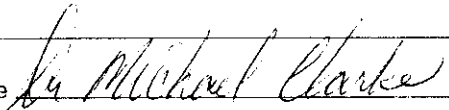


No. C 119397	Due no later than May 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> BONES P.A. DR D MICHAEL CLARKE 1675 N MAPLE GROVE RD BOISE, ID 83704	DR. D MICHAEL CLARKE 1675 N MAPLE GROVE RD BOISE, ID 83704
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres/Treas	Dr Michael Clarke	4098 N Jefferson Wy	Boise ID		83704

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 119397</div>	6. Signature  Date <u>3-8-04</u> Name <small>(Typed or Printed)</small> <u>Dr Michael Clarke</u> Title <u>Pres</u>
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