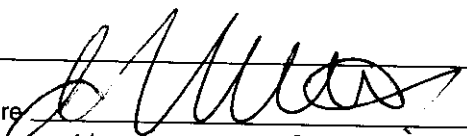


No. C 140467		Due no later than August 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable MARIANNE ZAKARIAN, M.D., P.C. 900 N LIBERTY ST STE 204 BOISE, ID 83704		MARIANNE ZAKARIAN 900 N LIBERTY ST STE 204 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.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Marianne Zakarian	4761 Rivervista	BOISE	ID	83703
5. Organized Under the Laws of: IDAHO C 140467		6. Signature  Date 6/13/06 Name (Typed or Printed) Marianne Zakarian Title President			

Issued 06/01/2006

Do Not Tape or Staple

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