

No. C 136066

Due no later than October 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

TOM CRAIS, M.D., P.C.
PO BOX 2741
315 S RIVER ST
HAILEY, ID 83333

THOMAS F CRAIS
315 S RIVER ST
HAILEY, ID 83333

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.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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PRESIDENT	TOM CRAIS MD	PO BOX 274 315 S RIVER ST HAILEY ID			83333
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5. Organized Under the Laws of:

IDAHO
C 136066

6.

Signature

Thomas F. Crais MD Date 2/16/06

Name (Typed or Printed)

THOMAS F CRAIS M.D.

Title

Pres.