

No. C 61280	Due no later than May 31, 2002 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 F. LAMARR HEYREND, M.D., P.A. F. LAMARR HEYREND M.D. 355 N ALLUMBAUGH BOISE, ID 83704		F LAMARR HEYREND MD 355 N ALLUMBAUGH BOISE, ID 83704												
			3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner/ President</td> <td>F. Lamarr Heyrend, MD</td> <td>355 N. Allumbaugh</td> <td>Boise</td> <td>Id</td> <td>83704</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner/ President	F. Lamarr Heyrend, MD	355 N. Allumbaugh	Boise	Id	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Owner/ President	F. Lamarr Heyrend, MD	355 N. Allumbaugh	Boise	Id	83704										
5. Organized Under the Laws of: IDAHO C 61280	6. Signature <u>F. Lamarr Heyrend MD</u> Date <u>4/1/02</u> Name (Typed or Printed) <u>F. LAMARR HEYREND, MD</u> Title <u>OWNER</u>														

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