


No.	C101566	<b>Annual Report Form 1999</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b>  * <b>FIRST NOTICE</b> *		1. Mailing Address - Please Correct, If Not Correct		DAVID R BAINES <del>311</del> FOURTEENTH ST 319 ST. MARIES ID 83861													
		DAVID R. BAINES, M.D., P.A. DAVID R BAINES <del>311</del> FOURTEENTH ST 319 ST. MARIES ID 83861		3. Organized Under the Laws of:  ID C101566													
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																	
<table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>PRESIDENT</td><td>DAVID R. BAINES, M.D.</td><td>319-14<sup>TH</sup> STREET</td><td>ST. MARIES,</td><td>IDAHO</td><td>83861</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	DAVID R. BAINES, M.D.	319-14 <sup>TH</sup> STREET	ST. MARIES,	IDAHO	83861
Office held	Name	Street or P.O. Address	City	State	Zip												
PRESIDENT	DAVID R. BAINES, M.D.	319-14 <sup>TH</sup> STREET	ST. MARIES,	IDAHO	83861												
5. Signature of New Registered Agent			6.  Signature _____ Date <u>8-10-99</u>														