| No. C 65374 | Due no later than Nov 30, 2001 | Registered Agent and Office NO PO BOX |
|---------------------------------------|---|---|
| No. C 65574 | Annual Report Form | EDWARD A. SHAPIRO, M.D. |
| Return to: | Mailing Address - Correct in this box, if applicable | 324 5TH ST |
| SECRETARY OF STATE | EDWARD A. SHAPIRO, M.D., P.A. | |
| 700 WEST JEFFERSON | EDWARD A. SHAPIRO, M.D. | LEWISTON, ID 83501 |
| PO BOX 83720 | 324 FIFTH STREET | |
| BOISE, ID 83720-0080 | | 3. New Registered Agent Signature |
| | LEWISTON, ID 83501 | |
| NO FILING FEE IF | | |
| RECEIVED BY DUE DATE | mes and Business Addresses of President, Secre | tary and Directors. |
| 4. Corporations: Enter Na | | |
| Office held Name | Street of F.O. Address | ···_ |
| Office held Name | 1 - 21/ 1/15 + /2 | iston ID 835V |
| Procedent Edward | 1. Shaping 304) (1) | distant - |
| | A. Shapira 324 5th St. Low (A. Shapira 324 5th St. Low (A. Shapin 324 5th St. Lew | usta ID f35W |
| Secretary (Survey | A. Shapiru 529) | 3,024 02 0 |
| X 1 / - 1 | a Chang 324 5th St Les | vita IB f350/ |
| Director Gamaia | 1). Singlio De l'anni | 4 |
| | | |
| 5. Organized Under the Laws of: IDAHO | 6. Signature Edward Ma | Mapo Date 9/17/0/ |
| | 6. Signatura Edward A. St. Name Printed) | Newpo Date 9/17/0/ capirul Jitle fresident |