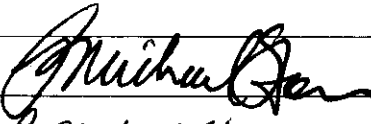


<b>No. C 125592</b>	<b>Due no later than Sep 30, 2000</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable <b>BENEWAH EMERGENCY PHYSICIAN ASSOCIA</b> <b>P MICHAEL STONE, M.D.</b> <b>RT 1, BOX 206</b>  <b>ST MARIES, ID 83861</b>		<b>P MICHAEL STONE, M.D.</b> <b>RT 1, BOX 206</b>  <b>ST MARIES, ID 83861</b>																		
	3. <u>New</u> Registered Agent Signature																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.  <table border="1"> <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>President</td> <td>P. Michael Stone</td> <td>PO Box 484</td> <td>St Maries</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>V.P.</td> <td>Richard K Thurston</td> <td>PO Box 411</td> <td>St Maries</td> <td>ID</td> <td>83861</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>	President	P. Michael Stone	PO Box 484	St Maries	ID	83861	V.P.	Richard K Thurston	PO Box 411	St Maries	ID	83861
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V.P.	Richard K Thurston	PO Box 411	St Maries	ID	83861																
5. Organized Under the Laws of:  IDAHO C 125592	6.  Signature _____ Date <u>8/14/00</u> Name (Typed or Printed) <u>P. Michael Stone MD</u> Title: <u>President</u> <del>XXXX</del>																				

Issued 07/10/2000

**Do Not Tape or Staple**

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