




No. C 61787	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX CANTRIL NIELSEN 205 N 10TH STE 300 BOISE, ID 83702												
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 CANTRIL NIELSEN, M.D., P.A. 205 N 10TH STE 300 BOISE, ID 83702		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">PRES / Director</td> <td style="vertical-align: top;">CANTRIL NIELSEN</td> <td style="vertical-align: top;">205 N 10TH STE 300</td> <td style="vertical-align: top;">BOISE</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83702</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRES / Director	CANTRIL NIELSEN	205 N 10TH STE 300	BOISE	ID	83702
Office held	Name	Street or P.O. Address	City	State	Zip										
PRES / Director	CANTRIL NIELSEN	205 N 10TH STE 300	BOISE	ID	83702										
5. Organized Under the Laws of: IDAHO C 61787	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; vertical-align: bottom;"> Signature  Name (Typed or Printed) CANTRIL NIELSEN, MD </td> <td style="width: 40%; vertical-align: bottom;"> Date 7/6/05 Title PRES. </td> </tr> </table>			Signature  Name (Typed or Printed) CANTRIL NIELSEN, MD	Date 7/6/05 Title PRES.										
Signature  Name (Typed or Printed) CANTRIL NIELSEN, MD	Date 7/6/05 Title PRES.														

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