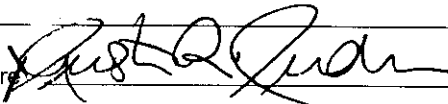


| | | | |
|--|---|--|--|
| No. C 100582 | Due no later than Dec 31, 2000 Annual Report Form | | 2. Registered Agent and Office NO PO BOX AUSTIN R. CUSHMAN M.D. 901 N CURTIS STE 103 BOISE, ID 83706 |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable AUSTIN R. CUSHMAN, M.D., P.A. AUSTIN R. CUSHMAN M.D. 901 N CURTIS STE 103 BOISE, ID 83706 | | 3. <u>New</u> Registered Agent Signature |

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|---------------------|-------------------------------|-------------|--------------|------------|
| PRESIDENT | AUSTIN R CUSHMAN MD | 901 N CURTIS RD STE 103 | BOISE | ID | 83706 |

| | |
|--|---|
| 5. Organized Under the Laws of: IDAHO C 100582 | 6.  Signature _____ Date <u>11/7/00</u> Name (Typed or Printed) <u>AUSTIN R CUSHMAN MD</u> Title: <u>XX00</u> |
|--|---|