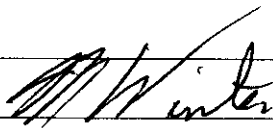
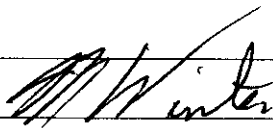
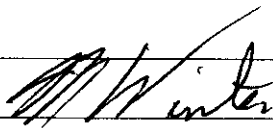


No. W 4280 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jun 30, 2001 Annual Report Form <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> DOCTORS HEALTHCARE NETWORK, L.L.C. MALCOLM WINTER 428 6TH AVE LEWISTON, ID 83501	2. Registered Agent and Office NO PO BOX MALCOLM WINTER 428 6TH AVE LEWISTON, ID 83501 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Malcolm Winter	428 6th Ave	Lewiston	ID	83501

5. Organized Under the Laws of: <div style="text-align: center;">WASHINGTON W 4280</div>	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Signature </td> <td style="width: 50%;">Date <u>5/25/01</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Malcolm Winter</u></td> <td>Title: <u>pres</u></td> </tr> </table>	Signature 	Date <u>5/25/01</u>	Name <small>(Typed or Printed)</small> <u>Malcolm Winter</u>	Title: <u>pres</u>
Signature 	Date <u>5/25/01</u>				
Name <small>(Typed or Printed)</small> <u>Malcolm Winter</u>	Title: <u>pres</u>				