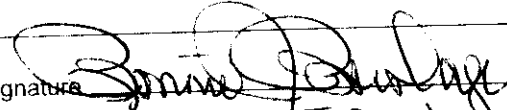


<b>No. C 82387</b>	<b>Due no later than October 31, 2004 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  BDM MEDICAL, INC. MARGARET REIMANN PO BOX 515 ASHTON, ID 83420		MARGARET REIMANN 518 MAIN STREET ASHTON, ID 83420  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>Bonnie J. Burlage</td> <td>PO Bx 473</td> <td>Ashton</td> <td>ID</td> <td>83420</td> </tr> <tr> <td>V.P.</td> <td>Maggie Reimann</td> <td>PO Box 515</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td></td> <td>Danna Steinmann</td> <td>1104 Hwy. 32</td> <td>"</td> <td>"</td> <td>"</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	Bonnie J. Burlage	PO Bx 473	Ashton	ID	83420	V.P.	Maggie Reimann	PO Box 515	"	"	"		Danna Steinmann	1104 Hwy. 32	"	"	"			
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	Danna Steinmann	1104 Hwy. 32	"	"	"																						
5. Organized Under the Laws of:  IDAHO C 82387	6.  Signature _____ Date <u>10-4-04</u> Name <small>(Typed or Printed)</small> <u>Bonnie J. Burlage</u> Title <u>President</u>																										