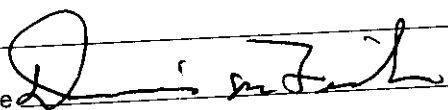


No. C 106363	Due no later than May 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX MYRNA C OLSON-FISHER 2312 N PAWNEE LANE BOISE, ID 83704
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable KUNA FAMILY MEDICAL CLINIC, P.A. MYRNA C OLSON-FISHER 2312 N PAWNEE LANE BOISE, ID 83704	3. <u>New</u> Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE		
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>
Pres. MYRNA FISHER	2312 N PAWNEE LANE	BOISE ID 83704
Sec DENNIS FISHER	" " " "	" " " "
5. Organized Under the Laws of: IDAHO C 106363		6. Signature  Name (Typed or Printed) DENNIS M FISHER Title Sec.

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