


<b>No. C 141479</b>	<b>Due no later than Nov 30, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  JOHN F NOAK 106 W IDAHO AVE  HOMEDALE, ID 83628																		
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  OWYHEE MEDICAL CLINIC, PA JOHN F NOAK MD PO BOX 907  HOMEDALE, ID 83628		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;"> <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>PRES-SECRET</td> <td>JOHN F. NOAK</td> <td>PO BOX 907</td> <td>HOMEDALE</td> <td>ID</td> <td>83628</td> </tr> <tr> <td>DIRECTOR</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRES-SECRET	JOHN F. NOAK	PO BOX 907	HOMEDALE	ID	83628	DIRECTOR	"	"	"	"	"
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DIRECTOR	"	"	"	"	"																
5. Organized Under the Laws of:  IDAHO C 141479		6. Signature  Date <u>9/10/02</u>  Name <small>(Typed or Printed)</small> <u>JOHN F. NOAK</u> Title <u>PRES.</u>																			