

No. <b>C 121026</b>	<b>Due no later than September 30, 2003</b> <b>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		BRUCE C MCCOMAS, M.D. 496-C SHOUP AVE W  TWIN FALLS, ID 83301																		
	BRUCE C. MCCOMAS, M.D., P.A. BRUCE C MCCOMAS, MD 496-C SHOUP AVE W  TWIN FALLS, ID 83301																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Bruce McComas</td> <td>496 C Shoup Ave W</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary</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	President	Bruce McComas	496 C Shoup Ave W	Twin Falls	ID	83301	Secretary					
Office held	Name	Street or P.O. Address	City	State	Zip																
President	Bruce McComas	496 C Shoup Ave W	Twin Falls	ID	83301																
Secretary																					
5. Organized Under the Laws of:  IDAHO C 121026	6. Signature <u>Bruce McComas</u> Date <u>7/16/03</u> Name (Typed or Printed) <u>Bruce McComas</u> Title <u>President</u>																				