

No. **C 135380**

Due no later than Aug 31, 2001

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable
GENESIS MEDICAL CENTER, P.A.

10255 W OVERLAND RD

BOISE, ID 83709

2. Registered Agent and Office **NO PO BOX**

KARL N WATTS
10255 W OVERLAND RD

BOISE, ID 83709

3. New Registered Agent Signature

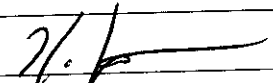
**NO FILING FEE IF
RECEIVED BY DUE DATE**

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>
Owner	Karl Watts	10416 Shadybrook Dr.	Boise	ID	83704
Owner	Kendrick Tweedt	303 W. Carter St.	Boise	ID	83706
Owner	Susanne Dillon	4433 S. Ramona St.	Meridian	ID	83642

5. Organized Under the Laws of:

IDAHO
C 135380

6. Signature 

Date 6/12/01

Name (Typed or Printed) Karl Watts

Title _____