

No. **C 85268**

Due no later than November 30, 2003
Annual Report Form

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

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

1. Mailing Address. Correct in this box, if applicable:

JEFFERSON STREET MEDICAL CENTER OWN
KATIE APPLE
305 E. JEFFERSON, SUITE 101

KATIE APPLE
305 E. JEFFERSON, SUITE 101

BOISE, ID 83712

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

BOISE, ID 83712

3. New Registered Agent Signature

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>
Partner	Larry Bishop	305 E. JEFFERSON	BOISE	ID	83712
Partner	DR. CRANE	305 E. JEFFERSON	BOISE	ID	83712

5. Organized Under the Laws of:

IDAHO
C 85268

6.

Signature

Name
(Typed or
Printed)

Larry D. Bishop for Katie Apple
Date 10/8/03

Title

Managing Partner