


No. C 141762	Due no later than December 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MOUNTAIN WEST MEDICAL, P.A. SCOTT G CROSS MD 135 W WOODHAVEN 237 Whisper Cove Place IDAHO FALLS, ID 83404		GREGORY P MEACHAM 414 SHOUP AVE IDAHO FALLS, ID 83405 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Scott Cross</td> <td>237</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Tammy Cross</td> <td>Whisper Cove Place</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Scott Cross	237	Idaho Falls	ID	83404	Secretary	Tammy Cross	Whisper Cove Place			
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President	Scott Cross	237	Idaho Falls	ID	83404																
Secretary	Tammy Cross	Whisper Cove Place																			
5. Organized Under the Laws of: IDAHO C 141762	6. Signature  Name (Typed or Printed) Scott Cross Title President Date 10/25/03																				