

No. C 128210	Due no later than Mar 31, 2002		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	Annual Report Form		CORPORATION SERVICE COMPAN																			
	1. Mailing Address - Correct in this box, if applicable		1401 SHORELINE DR SUITE 2																			
	BASIC HEALTH SERVICES, P.C. 204 FRENAN RD COEUR D'ALENE, ID 83814		BOISE, ID 83702 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 data-bbox="300 401 527 430"><u>Office held</u></th> <th data-bbox="527 401 804 430"><u>Name</u></th> <th data-bbox="804 401 1293 430"><u>Street or P.O. Address</u></th> <th data-bbox="1293 401 1485 430"><u>City</u></th> <th data-bbox="1485 401 1655 430"><u>State</u></th> <th data-bbox="1655 401 1832 430"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="300 430 527 459">President</td> <td data-bbox="527 430 804 459">ROSS R. RASSA</td> <td data-bbox="804 430 1293 459">P.O. Box 1344</td> <td data-bbox="1293 430 1485 459">Coeur d'Alene</td> <td data-bbox="1485 430 1655 459">ID</td> <td data-bbox="1655 430 1832 459">83816</td> </tr> <tr> <td></td> <td></td> <td data-bbox="804 459 1293 488">2883 Winter pines</td> <td data-bbox="1293 459 1485 488">Coeur d'Alene</td> <td data-bbox="1485 459 1655 488">ID</td> <td data-bbox="1655 459 1832 488">83815</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	ROSS R. RASSA	P.O. Box 1344	Coeur d'Alene	ID	83816			2883 Winter pines	Coeur d'Alene	ID	83815
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
President	ROSS R. RASSA	P.O. Box 1344	Coeur d'Alene	ID	83816																	
		2883 Winter pines	Coeur d'Alene	ID	83815																	
5. Organized Under the Laws of: IDAHO C 128210		6. Signature <u>Ross R. Rassa, MD</u> Date <u>1/23/02</u> Name <small>(Typed or Printed)</small> <u>ROSS R. RASSA, MD</u> Title <u>President</u>																				

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