

<b>No. C 45708</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>	<b>Due no later than Jun 30, 2002 Annual Report Form</b>  <div style="background-color: black; color: white; padding: 2px; text-align: left;">1. Mailing Address - Correct in this box, if applicable</div> DR. JAMES HOLLINGSWORTH, CHARTERED JAMES HOLLINGSWORTH 1661 SHORELINE DR., SUITE <del>220</del> 119  BOISE, ID <del>83706</del> 83702	2. Registered Agent and Office <b>NO PO BOX</b>  JAMES HOLLINGSWORTH 1661 SHORELINE DR., SUITE <del>220</del> 119  BOISE, ID <del>83706</del> 83702  3. <u>New</u> Registered Agent Signature
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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>
PRESIDENT	JAMES HOLLINGSWORTH	1661 SHORELINE DR SUITE 119	BOISE	ID	83702

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO C 45708</div>	6. Signature <u>James E. Hollingsworth, M.D.</u> Date <u>4-4-02</u>  Name <small>(Typed or Printed)</small> <u>JAMES E. HOLLINGSWORTH, MD</u> Title <u>PRESIDENT</u>
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