

No. C 52954

Due no later than Feb 28, 2001

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080NO FILING FEE IF
RECEIVED BY DUE DATE

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

MICHAEL E. ESTESS, M.D., CHARTERED

1471 SHORELINE DR STE 119

BOISE, ID 83702

2. Registered Agent and Office NO PO BOX

MICHAEL E. ESTESS, MD
1471 SHORELINE DRIVE

BOISE, ID 83702

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> |
|--------------------|-------------------------|---------------------------------|-------------|--------------|------------|
| President | Michael E. Estess, M.D. | 1471 Shoreline Drive, Suite 119 | Boise | Idaho | 83702 |
| Secretary | Sally A. Jefferies | 1471 Shoreline Drive, Suite 119 | Boise | Idaho | 83702 |

5. Organized Under the Laws of:

IDAHO
C 52954

6.

Signature

Name (Typed or Printed)

Michael E. Estess, M.D.

Date 12/18/2000

Title: Owner

Issued 12/05/2000

Do Not Tape or Staple

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