No. C 52954	Due no	Due no later than Feb 28, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to:	Ann					
SECRETARY OF STA	TE 1. Mailing Address	- Correct in this box, if applicable	MICHAI	EL E. ESTESS	S, MD	
700 WEST JEFFERSO PO BOX 83720	MICHAEL E. ESTE	SS, M.D., CHARTERED	1471 SI	HORELINE DE	RIVE	
BOISE, ID 83720-0080	1471 SHORELINE	1471 SHORELINE DR STE 119		BOISE, ID 83702		
NO FILING FEE IF	BOISE, ID 83702	BOISE, ID 83702		3. New Registered Agent Signature		
RECEIVED BY DUE D						
 Corporations: En 	ter Names and Business Ad	ddresses of President, Secr				
Office held Name	Share's 5 =	saresses or Fresident, Seci	retary and Dire	ectors.		
TAGING INGINE	Street or P.O.	. Address	City	State	<u>Zip</u>	
President Mi	chael E. Estess, M.D				<u>=:P</u>	
		eline Drive, Suite l	10			
	= :, 2	orine prive, builte l	LIY Boise	Idaho	83702	
Secretary Sa	lly A. Jefferies					
		line Drive, Suite 11	0 5 .			
	TIVE DROTE	Time Drive, Suite II	.9 Boise	Idaho	83702	
					ł	
5. Organized Under the Lav	us of:		_			
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IDAHO	Signature	1/ destate	nn D	ate12/18/20	200	
C 52954	NI_ (Type:	der Michael E E		tio:	JUU	
	Name Printe	dor Michael E. Estess		we. Owner)	
Issued 12/05/2	000 Do	Not Tape or Staple				
	DU	TIVE TABLE OF STADIE			2689	