

No. C 113233	Due no later than January 31, 2004 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		WILLIAM H KREISLE 769 E BRAEMERE													
	WILLIAM H KREISLE, M.D., P.A. WILLIAM H KREISLE 769 E BRAEMERE BOISE, ID 83702		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><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>all officers</td> <td>William H. Kreisle MDPA</td> <td>769 E Braemere</td> <td>Boise</td> <td>ID</td> <td>83702</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>	all officers	William H. Kreisle MDPA	769 E Braemere	Boise	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
all officers	William H. Kreisle MDPA	769 E Braemere	Boise	ID	83702											
5. Organized Under the Laws of: IDAHO C 113233		6. Signature <u>William H Kreisle MDPA</u> Date <u>11/10/03</u> Name (Typed or Printed) <u>William H. Kreisle MDPA</u> Title _____														