

No. C 55995	Due no later than Jul 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX THOMAS E HENSON 222 QUAIL'S ROOST RD SEQUIM, WA 98382												
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 THOMAS E. HENSON, M.D., P.A. THOMAS E HENSON 222 QUAIL'S ROOST RD SEQUIM, WA 98382	3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 35%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>THOMAS E. HENSON M.D. PA</td> <td>222 QUAILS ROOST RD.</td> <td>SEQUIM</td> <td>WA</td> <td>98382</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	THOMAS E. HENSON M.D. PA	222 QUAILS ROOST RD.	SEQUIM	WA	98382
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
PRESIDENT	THOMAS E. HENSON M.D. PA	222 QUAILS ROOST RD.	SEQUIM	WA	98382									
5. Organized Under the Laws of: IDAHO C 55995	6. <u>Thomas E. Henson</u> Signature _____ Date <u>5-15-02</u> Name <small>(Typed or Printed)</small> <u>THOMAS E. HENSON</u> Title <u>PRES.</u>													