No. C 135380	Due no later than Aug 31, 2002 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 GENESIS MEDICAL CENTER, P.A. 10255 W OVERLAND RD BOISE, ID 83709	KARL N WATTS 10255 W OVERLAND RD BOISE, ID 83709 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRES	KARL WATTS	10416 SHADYBROOK DR	BOISE	ID	83704
SEC.	SUSIE DILLON	4433 S Ramona St	~~BOISE~~ Meridian	ID	83642
	RICK TWEEDT	303 W. CARTER ST	BOISE	ID	83706

5. Organized Under the Laws of:

IDAHO
C 135380

6.

Signature Karl N Watts Date 7 Jun 02

Name (Typed or Printed) KARL N WATTS Title PRESIDENT

Issued 06/03/2002 **Do Not Tape or Staple** 3386