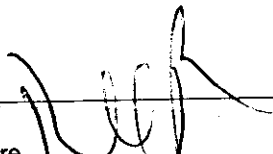


No. C 122119	Due no later than Dec 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX DONALD PAUL WORKMAN 496-D SHOUP AVE W TWIN FALLS, ID 83301												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable DONALD PAUL WORKMAN, M.D., P.A. 496-D SHOUP AVE WEST TWIN FALLS, ID 83301	3. New 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: 30%;"><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: 15%;"><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></td> <td>DONALD PAUL WORKMAN M.D. PA</td> <td>496-D SHOUP AVE WEST</td> <td>TWIN FALLS, ID</td> <td></td> <td>83338</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>		DONALD PAUL WORKMAN M.D. PA	496-D SHOUP AVE WEST	TWIN FALLS, ID		83338
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
	DONALD PAUL WORKMAN M.D. PA	496-D SHOUP AVE WEST	TWIN FALLS, ID		83338									
5. Organized Under the Laws of: IDAHO C 122119	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  Name <small>(Typed or Printed)</small> DONALD PAUL WORKMAN M.D. </div> <div style="width: 35%;"> Date 10/10/02 Title General Surgeon </div> </div>													