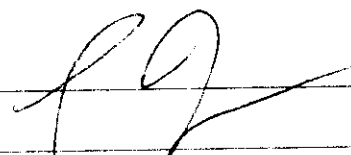


No. C 82049	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX PETER C. JONES, M.D. 2121 IRONWOOD CENTER DRIVE COEUR D'ALENE, ID 83814
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PETER C. JONES, M.D., P.A. PETER C. JONES, M.D. 2121 IRONWOOD CENTER DRIVE COEUR D'ALENE, ID 83814		3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u> President Vice President Sec Treasurer	<u>Name</u> Peter C Jones	<u>Street or P.O. Address</u> 2121 IRONWOOD Center Dr COEUR d'ALENE ID 83814	<u>City</u> <u>State</u> <u>Zip</u>
5. Organized Under the Laws of: IDAHO C 82049		6. Signature  Name (Typed or Printed) <u>PETER C JONES</u>	Date <u>6/1/05</u> Title <u>PRESIDENT</u>

Issued 06/01/2005

Do Not Tape or Staple

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