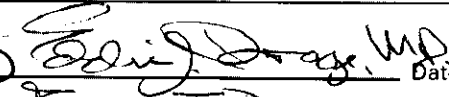


No. C 46180	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A P.O. BOX EDDIE J. DROGE, M.D. 200 WEST FOREST STREET MCCALL ID 83638			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct PAYETTE LAKES MEDICAL CLINIC EDDIE J. DROGE, MD P. O. BOX 1047 MCCALL ID 83638	3. Organized Under the Laws of: ID C 46180			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Eddie Droge MD	PO Box 738	McCall	ID	83638
Secretary	Dan Ostermiller MD	PO Box 741	McCall	ID	83638
Director	Jim Dardis MD	PO Box 751	McCall	ID	83638
Director	Scott Harris MD	PO Box 331	McCall	ID	83638
Director	Dave Hall MD	14178 Franklin	McCall	ID	83638
Director	Curt Meske MD	1045 Valley Rim Rd.	McCall	ID	83638
5. Signature of New Registered Agent		6. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin-right: 10px;">Signature</div> <div style="text-align: center;">  Eddie J. Droge, MD </div> <div style="margin-left: 10px;"> Date <u>7-26-99</u> </div> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> Name (Typed or Printed) <u>Eddie J. Droge, M.D.</u> </div> <div> Title <u>President</u> </div> </div>			

ISSUED: 07-03-1999

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