No. C 65536

Due no later than December 31, 2004
Annual Report Form

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

J.M. LACKEY, M.D., P.A.
J.M. LACKEY, M.D.
500 S 11TH STE 4C
POCATELLO, ID 83201

2. Registered Agent and Office: **NO PO BOX**

J.M. LACKEY, M.D.
500 S 11TH STE 4C
POCATELLO, ID 83201

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	J M LACKEY	500 SO 11TH AVE	POCATELLO	ID	83201
SECT	~~JANNIE~~ Janie LACKEY	"	"	"	"
DIR	J M LACKEY	"	"	"	"
DIR	JANIE LACKEY	"	"	"	"

5. Organized Under the Laws of:
IDAHO
C 65536

6.
Signature J. M. Lackey Date 10/4/04
Name (Typed or Printed) J. M. LACKEY Title Pres

20041202959

Issued 10/01/2004

Do Not Tape or Staple