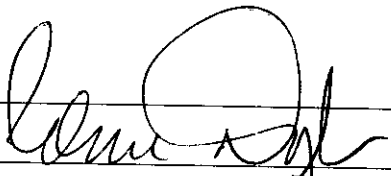


No. C 54751	Due no later than Dec 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX COLIN S. DOYLE, M.D. 330 WARNER DRIVE LEWISTON, ID 83501												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable VALLEY EAR, NOSE, AND THROAT GROUP DANIEL R MILLER MD <i>Colin S. Doyle M.D.</i> 330 WARNER DRIVE LEWISTON, ID 83501		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Colin S. Doyle</td> <td>330 Warner Dr.</td> <td>Lewiston</td> <td>ID</td> <td>83501</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>	Pres.	Colin S. Doyle	330 Warner Dr.	Lewiston	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Pres.	Colin S. Doyle	330 Warner Dr.	Lewiston	ID	83501										
5. Organized Under the Laws of: IDAHO C 54751	6. Signature  Name <small>(Typed or Printed)</small> <i>Colin S. Doyle</i> Date <i>12-27-00</i> Title: <i>President</i>														