

No. C 82387	Due no later than October 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX MARGARET REIMANN 518 MAIN STREET ASHTON, ID 83420																		
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 BDM MEDICAL, INC. MARGARET REIMANN PO BOX 515 ASHTON, ID 83420		3. <u>New</u> 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;"><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./Sec.</td> <td>Bonnie Burlage</td> <td>PO Box 473</td> <td>Ashton</td> <td>ID</td> <td>83420</td> </tr> <tr> <td>V.P./Treas.</td> <td>Maggie Reimann</td> <td>PO Box 515</td> <td>Ashton</td> <td>ID</td> <td>83420</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./Sec.	Bonnie Burlage	PO Box 473	Ashton	ID	83420	V.P./Treas.	Maggie Reimann	PO Box 515	Ashton	ID	83420
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V.P./Treas.	Maggie Reimann	PO Box 515	Ashton	ID	83420																
5. Organized Under the Laws of: IDAHO C 82387		6.  Signature _____ Name (Typed or Printed) <u>Bonnie J. Burlage</u> Date <u>10-19-03</u> Title <u>President</u>																			