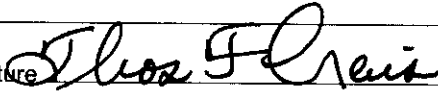


No. C 136066	Due no later than Oct 31, 2002		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		THOMAS F CRAIS												
	1. Mailing Address - Correct in this box, if applicable TOM CRAIS, M.D., P.C. PO BOX 2741 416 S MAIN STE 103 HAILEY, ID 83333		416 S MAIN ST STE 103 HAILEY, ID 83333												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.	<table border="1"> <thead> <tr> <th data-bbox="362 415 493 440"><u>Office held</u></th> <th data-bbox="541 415 611 440"><u>Name</u></th> <th data-bbox="816 415 1061 440"><u>Street or P.O. Address</u></th> <th data-bbox="1323 415 1371 440"><u>City</u></th> <th data-bbox="1520 415 1581 440"><u>State</u></th> <th data-bbox="1694 415 1734 440"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="336 446 559 493">PRESIDENT</td> <td data-bbox="580 446 816 524">THOMAS F. CRAIS</td> <td data-bbox="860 446 1236 591">P.O. BOX 2741 416 S. MAIN ST. STE 103</td> <td data-bbox="1279 472 1410 529">HAILEY</td> <td data-bbox="1498 472 1585 513">ID.</td> <td data-bbox="1651 472 1825 519">83333</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>	PRESIDENT	THOMAS F. CRAIS	P.O. BOX 2741 416 S. MAIN ST. STE 103	HAILEY	ID.	83333
	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
PRESIDENT	THOMAS F. CRAIS	P.O. BOX 2741 416 S. MAIN ST. STE 103	HAILEY	ID.	83333										
5. Organized Under the Laws of: IDAHO C 136066	6.  Signature _____ Date <u>10/15/02</u> Name (Typed or Printed) <u>THOMAS F. CRAIS</u> Title <u>PRESIDENT</u>														