Amiling Address Correct in this box, if applicable JAWIES L. SPACKMAN, M.D., F.A. JAMES L.	No. C 129267	Due no later than Jun 30, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX JAMES L SPACKMAN 1501 HILAND AVE STE F
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. 4. Office held Name Street or P.O. Address Burley Id 83318 Pres. James Stackman 1501 Haffer Burley Id 83318 Street or P.O. Address Burley Id 83318 Fig. 1 August Burley Id 83318 5. Organized Under the Laws of: Signature Burley Buttury Date Title: Manager Manager Name Profiled Name Profil	Return to: SECRETARY OF STATE 700 WEST JEFFERSON RO ROX 83720	1. Mailing Address - Correct in this box, if applicable JAIVIES L. SPACKMAN, VI.D., P.A. LAMES I. SPACKMAN	BURLEY, ID 83318
Name Printed) 1162	NO FILING FEE IF	- Decident Sect	refary and Directors.
	IDAHO	Signature aucy Faith Name Printed NANCY Ketter L	Date 4-17-01 Title: Manger 1162