

No. C 115767	Annual Report Form Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX LUBOMIR J VALENTA 325 MARTIN ST STE 2 TWIN FALLS ID 83301		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FEE REQUIRED  58	1. Mailing Address - Please Correct, If Not Correct  DIABETES AND ENDOCRINE CENTER 325 MARTIN ST STE 2 TWIN FALLS ID 83301  409 SHOSHONE ST. SO. TWIN FALLS, ID		3. Organized Under the Laws of: C 115767		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
Office held  PRESIDENT 97 DEP 91 P SECRETARY OF STATE I	Name  LUBOMIR SECRETARY VALENTA, ID	Street or P.O. Address  P. O. BOX 1754 TWIN FALLS, ID 83303	City TWIN FALLS	State ID	Zip 83303
No OTHER MEMBERS					
5.	6. Signature _____ Name (Typed or Printed) <u>LUBOMIR J. VALENTA</u>		Date <u>11/30/97</u>	Title <u>PRESIDENT</u>	

THIS BUSINESS WILL DO BUSINESS IN IDAHO  
TILL THE END OF 1997

#### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.  
NOTE: The name of the business entity cannot be altered on the annual report form.
- If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to # 4 below.
- Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.  
Limited Liability Company: Enter the names and addresses of the managers or members in block 4.  
NOTE: Putting "same as last year" WILL NOT be accepted.
- If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.  
Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.

If the business entity is no longer doing business in Idaho, please contact the Secretary of State's office at (208) 334-2301 for further instructions.

NOTE: The annual report must be received by the Office of the Secretary of State on or before November 30. Postmark date will not be accepted. Failure to timely file shall; (1) Subject a domestic corporation to administrative dissolution proceedings; (2) Subject a foreign corporation to proceedings to revoke its certificate of authority; or (3) Subject a limited liability company to cancellation of its articles of organization or certificate of registration.

**DUE NO LATER THAN NOVEMBER 30**