

No. C 115767	Annual Report Form Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	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	LUBMOMIR J VALENTA 325 MARTIN ST STE 2 TWIN FALLS ID 83301 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) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>LUBOMIR J. VALENTA, M.D.</td> <td>P.O. BOX 1754 TWIN FALLS, ID 83303</td> <td>TWIN FALLS</td> <td>ID</td> <td>83303</td> </tr> <tr> <td colspan="6">NO OTHER MEMBERS</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	LUBOMIR J. VALENTA, M.D.	P.O. BOX 1754 TWIN FALLS, ID 83303	TWIN FALLS	ID	83303	NO OTHER MEMBERS					
Office held	Name	Street or P.O. Address	City	State	Zip															
PRESIDENT	LUBOMIR J. VALENTA, M.D.	P.O. BOX 1754 TWIN FALLS, ID 83303	TWIN FALLS	ID	83303															
NO OTHER MEMBERS																				
5.	6. Signature _____ Date 11/30/97 Name (Typed or Printed) LUBOMIR J. VALENTA Title PRESIDENT																			

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