

No. W 9989	Due no later than Oct 31, 2000		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 1. Mailing Address - Correct in this box, if applicable CRAIG B. BASS, M.D., PLLC T J ANGSTMAN 21 EAST MAPLE ST., #G 500 W BANNOCK		T J ANGSTMAN 500 W BANNOCK BOISE, ID 83702												
	BOISE, ID 83702 HAILEY, IDAHO 83333		3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>Manager</td> <td>Craig B. Bass, MD</td> <td>21 EAST MAPLE ST, #G</td> <td>HAILEY</td> <td>ID</td> <td>83333</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Craig B. Bass, MD	21 EAST MAPLE ST, #G	HAILEY	ID	83333
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Manager	Craig B. Bass, MD	21 EAST MAPLE ST, #G	HAILEY	ID	83333										
5. Organized Under the Laws of: IDAHO W 9989	6. Signature <i>Craig B. Bass MD PLLC</i> Name (Typed or Printed) CRAIG B. BASS, M.D., PLLC			Date 31 Aug 2000 Title: XXXX Manager											

Issued 08/01/2000

Do Not Tape or Staple

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