

No. C 63975	Due no later than May 31, 2003 Annual Report Form		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	1. Mailing Address - Correct in this box, if applicable MICHAEL J. COUGHLIN, M.D., F.A. MICHAEL J. COUGHLIN, M.D. 901 N. CURTIS RD, STE 503 BOISE, ID 83706		MICHAEL J. COUGHLIN, M.D. 901 N. CURTIS RD, STE. 503 BOISE, ID 83706 3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>Michael J Coughlin M.D.</td> <td>901 N Curtis Rd</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Secretary</td> <td>Kirsten K Coughlin</td> <td>901 N Curtis Rd</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Michael J Coughlin M.D.	901 N Curtis Rd	Boise	ID	83706	Secretary	Kirsten K Coughlin	901 N Curtis Rd	Boise	ID	83706
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5. Organized Under the Laws of: IDAHO C 63975	6. Signature <u>[Signature]</u> Date <u>3-21-03</u> Name (Typed or Printed) <u>Michael J Coughlin</u> Title <u>President</u>																				