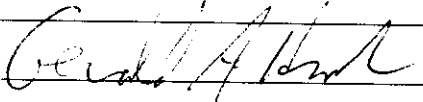


No. C 104987	Due no later than Jan 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable GERALD A. BROOKS, M.D., P.C. PO BOX 5855 KETCHUM, ID 83340		GERALD A BROOKS 220 RIVER ST E KETCHUM, ID 83340																								
			3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>President Gerald A. Brooks, MD</td> <td>P.O. Box 5855, Ketchum,</td> <td>ID</td> <td>83340</td> <td></td> </tr> <tr> <td></td> <td>Secretary/Treas. Gerald A. Brooks, MD</td> <td>P.O. Box 5855 Ketchum,</td> <td>ID</td> <td>83340</td> <td></td> </tr> <tr> <td></td> <td>Director Gerald A. Brooks, MD</td> <td>P.O. Box 5855, Ketchum,</td> <td>ID</td> <td>83340</td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		President Gerald A. Brooks, MD	P.O. Box 5855, Ketchum,	ID	83340			Secretary/Treas. Gerald A. Brooks, MD	P.O. Box 5855 Ketchum,	ID	83340			Director Gerald A. Brooks, MD	P.O. Box 5855, Ketchum,	ID	83340	
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5. Organized Under the Laws of: IOWA C 104987	6. Signature  Date <u>11/10/00</u> Name (Typed or Printed) GERALD A. BROOKS, MD Title: XXXX President																										