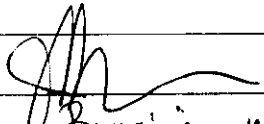


No. C 131781	Due no later than Dec 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JOHN A BOYAJIAN M.D. 3086 LAURELWOOD DR
	SINUS CENTER - IDAHO, P.A. JOHN A BOYAJIAN M.D. 3086 LAURELWOOD DR PO Box 5782 TWIN FALLS, ID 83301 83303-5782		TWIN FALLS, ID 83301 3. New Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u> President Secretary	<u>Name</u> John Boyajian Christine Boyajian	<u>Street or P.O. Address</u> 3086 Laurelwood Dr. "	<u>City</u> Twin Falls <u>State</u> Id <u>Zip</u> 83303-5782 " " " "
5. Organized Under the Laws of: IDAHO C 131781		6. Signature  Name (Typed or Printed) John Boyajian, MD Date 10-9-00 Title: MD, CEO	

Issued 10/02/2000

Do Not Tape or Staple

1116