

No. C 70421	Due no later than Jul 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 CHARLES R. FALTER, D.O., P.A. CHARLES R FALTER BOX 729 PRIEST RIVER, ID 83856		CHARLES R FALTER PRIEST RIVER MEDICAL CLINIC 219 MAIN ST PRIEST RIVER, ID 83856 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <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 CHARLES R. FALTER</td> <td>POB 1915</td> <td>PRIEST RIVER</td> <td>ID</td> <td>83856</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 CHARLES R. FALTER	POB 1915	PRIEST RIVER	ID	83856
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	PRESIDENT CHARLES R. FALTER	POB 1915	PRIEST RIVER	ID	83856										
5. Organized Under the Laws of: IDAHO C 70421		6. Signature <u>C. R. Falter</u> Date <u>07/20/01</u> Title: <u>PRESIDENT</u> Name <small>(Typed or Printed)</small> <u>CHARLES R. FALTER</u>													