

No. C 62785	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A P.O. BOX ALLAN R. FROST 526-H SHOUP AVENUE WEST TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct FROST, WELCH & ALLAN MD, P.A ALLAN R. FROST, MD 526-H SHOUP AVE. W TWIN FALLS ID 83301	3. Organized Under the Laws of: ID C 62785
* FIRST NOTICE *		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>TRES</u>	<u>FROST, AL</u>	<u>526-H Shoup Ave W</u>
<u>UTRES</u>	<u>FROST, SE</u>	<u>"</u>
<u>Sec. Treasurer</u>	<u>WELCH, RC</u>	<u>"</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Twin Falls</u>	<u>ID</u>	<u>83301</u>
<u>"</u>	<u>"</u>	<u>"</u>
<u>"</u>	<u>"</u>	<u>"</u>
5. Signature of New Registered Agent		6. Signature <u><i>ALLAN R. FROST MD</i></u> Date <u>8/26/99</u> Name <small>(Typed or Printed)</small> <u>ALLAN R. FROST MD</u> Title <u>PRESIDENT</u>

ISSUED: 07-03-1999

4132