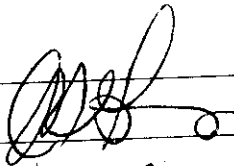


No. W 21926 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than December 31, 2003 Annual Report Form 1. Mailing Address: <i>Correct in this box, if applicable</i> MEDICAL AFFILIATES, PLLC 2000 E 25TH ST 2375 E Sunnyside #G IDAHO FALLS, ID 83401 83406	2. Registered Agent and Office NO PO BOX JOHN N GIETZEN DO 2000 E 25TH ST 2375 E Sunnyside IDAHO FALLS, ID 83401 83406 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>John Gutzgen</td> <td>2375 E Sunnyside #G</td> <td>Idaho Falls</td> <td>ID</td> <td>83406</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	John Gutzgen	2375 E Sunnyside #G	Idaho Falls	ID	83406
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	John Gutzgen	2375 E Sunnyside #G	Idaho Falls	ID	83406									
5. Organized Under the Laws of: IDAHO W 21926	6. Signature  Date <u>10/13/03</u> Name <small>(Typed or Printed)</small> <u>John Gutzgen</u> Title <u>President</u>													