No. C 120133		Due no later than Jul 31, 2000		2 Registered Agent and Office No Bo Day	
Return to: SECRETARY OF STATE		Annual Report Form 1 Mailing Address - Correct in this box, if applicable		2. Registered Agent and Office NO PO BOX BILL FOXCROFT	
BOISE, ID 83720-0080		4948 KOOTENAI STE 205		BOISE, ID 83705	
NO FILING FEE IF		BOISE, ID 83705		3. New Registered Agent Signature	
RECEIVED BY DUE	DATE				
 Corporations: 	Enter Name	es and Business Addresses of Pres	sident. Secretary	and Directors	
Office held Na	ame	Street or P.O. Address	<u>City</u>	State	Zip
Sect/Treas Er Board Member Hu Board Member Le	ill Eder, MD at Morgan win Teuber ugh Philips ssiyn Phelps ebra Hanks	PO Box 2377 388 Martin 211 16 th Ave N 1441 NE 10 th Ave PO Box 266 PO Box 288	Pocatell Twin Fa Nampa Payette Glenns I Plumme	IIs ID ID ID ID Ferry ID	83201 83303 83687 83661 83623 83851
Organized Under the IDAF C 12		6. Signature Bill Foxeroft Name (Typed or Executive Dire	Hust	Date5 Time1	126/00 100 um
Issued 05/10/2000		Do Not Tape or Sta	aple		

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