Annual Report Form 2. Registered Agent and Office NOT A P.O. BOX No. C127000 1999 Due No Later Than November 30, W E ISOM 1. Mailing Address - Please Correct, If Not Correct Return to: 1007 NW 11TH ST SECRETARY OF STATE 700 WEST JEFFERSON FOUR RIVERS FACIAL SURGERY, PO BOX 83720 83619 W E ISOM FRUITLAND ID BOISE, ID 83720-0080 1007 NW 11TH ST NO FEE REQUIRED 3. Organized Under the Laws of: C127000 ID 83619 ID FRUTTI AND Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of

Managers or City State Zip Street or P.O. Address <u>Name</u> 1007 NW 11th St. Fruitland President W.E. Isom ID 83619 Sheila S. Isom 1007 NW 11th St. Fruitland 83619 Secretary ID 1007 NW 11th St. Director W.E. Isom Fruitland ID 83619 Shareholder W.E. Isom 1007 NW 11th St. Fruitland ID 83619 Professional Corporation 5. New Registered Agent Signature Signature W. E. Isom President Name (Typed or Printed) Title _

ISSUED: 10-01-1999

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