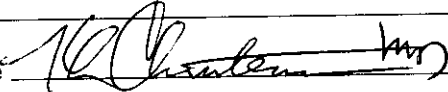


No. C 42397	Due no later than May 31, 2001		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		KAY L CHRISTENSEN MD																								
	1. Mailing Address - Correct in this box, if applicable SOUTHEAST IDAHO FAMILY PRACTICE, P. 2775 CHANNING WAY 2775 CHANNING WAY IDAHO FALLS, ID 83404		2775 CHANNING WAY IDAHO FALLS, ID 83404 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>President</td> <td>Kay Christensen MD</td> <td>3875 Canterbury</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Vice Pres</td> <td>Barry Bennett MD</td> <td>2943 Balboa</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Sec/Tres.</td> <td>Daniel McLaughlin MD</td> <td>1284 Tipperary</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</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	Kay Christensen MD	3875 Canterbury	Idaho Falls	ID	83404	Vice Pres	Barry Bennett MD	2943 Balboa	Idaho Falls	ID	83404	Sec/Tres.	Daniel McLaughlin MD	1284 Tipperary	Idaho Falls	ID	83404
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5. Organized Under the Laws of: IDAHO C 42397	6. Signature  Date 5/31/01 Title: _____ Name (Typed or Printed) _____ XXXX																										