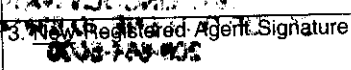
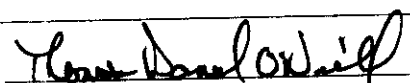


No. C 106064 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than April 30, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable O'NEILL CLINIC, P.A. (THE) T DANIEL O'NEILL 1617 LINCOLN WAY COEUR D'ALENE, ID 83814	2. Registered Agent and Office NO PO BOX T DANIEL O'NEILL 1617 LINCOLN WAY COEUR D'ALENE, ID 83814 3. New Registered Agent Signature 																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>Thomas Daniel O'Neill</td> <td>1617 Lincoln Way</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Secretary</td> <td>"</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors</td> <td>"</td> <td></td> <td></td> <td></td> <td></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	Thomas Daniel O'Neill	1617 Lincoln Way	Coeur d'Alene	ID	83814	Secretary	"					Directors	"				
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Directors	"																									
5. Organized Under the Laws of: IDAHO C 106064	6. Signature  Date <u>5/24/05</u> Name (Typed or Printed) <u>Thomas Daniel O'Neill</u> Title <u>President</u>																									

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