

No. <b>C 111942</b>	<b>Due no later than September 30, 2004 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  PSYCHIATRIC SERVICES GROUP, P.A. MICHAEL E. ESTESS <del>1000 HOUSTON ROAD</del> <i>1471 Shoreline Dr. #119</i> BOISE, ID <del>83706</del> <i>83702</i>		MICHAEL E. ESTESS, M.D. 1000 HOUSTON ROAD BOISE, ID 83706												
	<i>(Note) Change of Address</i>		3. New Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>President - Michael E. Estess M.D.</td> <td>1471 Shoreline Dr. #119</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip		President - Michael E. Estess M.D.	1471 Shoreline Dr. #119	Boise	ID	83702
Office held	Name	Street or P.O. Address	City	State	Zip										
	President - Michael E. Estess M.D.	1471 Shoreline Dr. #119	Boise	ID	83702										
5. Organized Under the Laws of:  IDAHO C 111942		6. <i>M. E. Estess</i> Signature <i>M. E. Estess M.D.</i> Date <i>7-14-04</i> Name (Type or Print) <i>M. E. Estess M.D.</i> Title <i>President</i>													

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Do Not Tape or Staple

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