

No. W 5433	Annual Report Form 1999 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct CUDMORE CLINIC, PLLC ARTHUR S. CUDMORE, D.O. 1423 W. FRANKLIN ST BOISE ID 83702	DIXIE . HEATON 1423 W. FRANKLIN ST BOISE ID 83702 3. Organized Under the Laws of: ID W 5433

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of **Managers** or **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Dr. Wm. Pogue	1423 Franklin St.	Boise	ID	83702
	A.S. Cudmore, D.O.	1423 Franklin St.	Boise,	ID	83702

5. Signature of New Registered Agent	6. Signature: <u><i>A. S. Cudmore</i></u> Date: <u>8-11-99</u> Name (Type or Printed): _____ Title: _____
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ISSUED: 07-03-1999

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