

No. **C 61787**

Due no later than Aug 31, 2004
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CANTRIL NIELSEN, M.D., P.A.
205 N 10TH SUITE 300
~~310 NORTH ALLUMBAUGH STREET~~

CANTRIL NIELSEN
~~310 N ALLUMBAUGH STREET~~
205 N. 10TH SUITE 300
BOISE, ID ~~83704~~ 83702

**NO FILING FEE IF
RECEIVED BY DUE DATE**

BOISE, ID 83704
83702

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRES	CANTRIL NIELSEN	205 N 10TH SUITE 300	BOISE	ID	83702

5. Organized Under the Laws of:

IDAHO
C 61787

6.

Signature

Cantril Nielsen, MD Date **9/30/04**

Name (Typed or Printed)

CANTRIL NIELSEN, MD Title **PRES.**