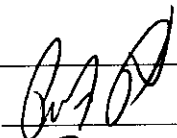


No. C 67171	Due no later than Jul 31, 2002		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		PETER F PETERSEN												
	1. Mailing Address - Correct in this box, if applicable PETER F. PETERSEN, M.D., P.A. PETER F PETERSEN 730 E HIGHLAND VIEW DR BOISE, ID 83702		1173 UNIVERSITY DRIVE BOISE, ID 83706 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>PETER F PETERSEN</td> <td>730 E Highland View Dr</td> <td>Boise</td> <td>ID</td> <td>83702</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	PETER F PETERSEN	730 E Highland View Dr	Boise	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	PETER F PETERSEN	730 E Highland View Dr	Boise	ID	83702										
5. Organized Under the Laws of: IDAHO C 67171	6.  Signature _____ Date <u>6/20/02</u> Name (Typed or Printed) <u>Peter F Petersen</u> Title <u>President</u>														