

No. **C 52538****Due no later than December 31, 2004**
Annual Report FormReturn to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**WALKER CENTER FOR ALCOHOLISM AND DR
605 11TH AVE E
GOODING, ID 83330**2. Registered Agent and Office NO PO BOX**DOUGLAS O. SMITH, M.D.
605 11TH AVE EAST
GOODING, ID 83330**NO FILING FEE IF
RECEIVED BY DUE DATE****3. New Registered Agent Signature****4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Bud Starr	972 Bitterroot Pl.	Twin Falls	ID	83301
V. Pres.	Phil Becker	PO Box 456	Gooding	ID	83330
Sec/Treas	Dr. Doug Smith	605 11th Ave. E.	Gooding	ID	83330
	Archie Walker	720 Boise Ave. S.	Glenns Ferry	ID	83623
	Kurt Seppi MD	640 Addison Ave. W., Ste 100	Twin Falls	ID	83301
	Sam Yost	PO Box 5132	Ketchum	ID	83340
	Earl Reed	2576 Hwy 25	Hazelton	ID	83335
	Jerry Preece	47-200 Desert Lily Dr.	Palm Desert	CA	92260
	Debbie Hetherington	PO Box 6	Twin Falls	ID	83303
	Mike Bevan	22329 Kimberly Rd., Kimberly, ID 83341			

5. Organized Under the Laws of:IDAHO
C 52538**6. & Pawan Mehra, PO Box 6134, Sun Valley, ID 83353**
Signature *[Signature]* Date *10/27/04*Name *[Signature]* Douglas O. Smith, MD Title Sec./Treas.

Issued 10/01/2004

Do Not Tape or Staple

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