

No. **C 141767**

**Due no later than December 31, 2003**  
**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)

MCCLUSKY CLINIC, P.C.  
DAVID A MCCLUSKY  
660 SHOSHONE ST E

DAVID A MCCLUSKY  
660 SHOSHONE ST E

TWIN FALLS, ID 83301

3. New Registered Agent Signature

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

TWIN FALLS, ID 83301

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	David A. McClusky	660 Shoshone Street E	Twin Falls	Idaho	83301
Secretary	Sue Louise McClusky	123 Fillmore Street	Twin Falls	Idaho	83301

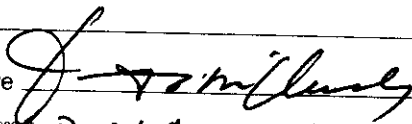
5. Organized Under the Laws of:

IDAHO  
C 141767

6.

Signature

Name (Type or Printed)



David A. McClusky

Date

12/30/03

Title

President