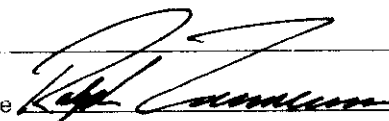


No. C 147914	Due no later than February 28, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX RALPH A ZIMMERMAN 711 DUNDEE DR POST FALLS, ID 83854																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ADVANCED MEDICAL SALES, INC. 711 DUNDEE DR POST FALLS, ID 83854		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President -</td> <td>Ralph Zimmerman</td> <td>711 Dundee Dr.</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Secretary -</td> <td>Ann Zimmerman</td> <td>711 Dundee Dr.</td> <td>Post Falls</td> <td>ID</td> <td>83854</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 -	Ralph Zimmerman	711 Dundee Dr.	Post Falls	ID	83854	Secretary -	Ann Zimmerman	711 Dundee Dr.	Post Falls	ID	83854
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5. Organized Under the Laws of: IDAHO C 147914		6. Signature  Date <u>12-12-04</u> Name (Typed or Printed) <u>Ralph Zimmerman</u> Title <u>OWNER</u>																			