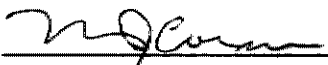


No. C 63975	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address - Please Correct If Not Correct		MICHAEL J. COUGHLIN, M.D. 901 N. CURTIS RD, STE. 503 BOISE ID 83706																			
	MICHAEL J. COUGHLIN, M.D., P MICHAEL J. COUGHLIN, M.D. 901 N. CURTIS RD, STE 503 BOISE ID 83706																					
3. Organized Under the Laws of: ID C 63975																						
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <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>Michael J Coughlin MD</td><td>901 N Curtis Rd Ste 503</td><td>Boise</td><td>ID</td><td>83706</td></tr><tr><td>Secretary</td><td>Kirsten K Coughlin</td><td>901 N Curtis Rd Ste 503</td><td>Boise</td><td>ID</td><td>83706</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	Michael J Coughlin MD	901 N Curtis Rd Ste 503	Boise	ID	83706	Secretary	Kirsten K Coughlin	901 N Curtis Rd Ste 503	Boise	ID	83706
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
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Secretary	Kirsten K Coughlin	901 N Curtis Rd Ste 503	Boise	ID	83706																	
5. Signature of New Registered Agent		6. Signature <u></u> Date <u>7/20/99</u> Name (Typed or Printed) <u>Michael J Coughlin MD</u> Title <u>President</u>																				

ISSUED: 07-03-1999

23619