

No. **C 73046**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

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

**Due no later than Jun 30, 2003  
Annual Report Form**

1. Mailing Address - Correct in this box, if applicable

MICHAEL K. PARENT, M.D., P.A.  
MICHAEL K PARENT  
307 ST. JOHN'S WAY

LEWISTON, ID 83501

2. Registered Agent and Office **NO PO BOX**

MICHAEL K PARENT  
307 ST. JOHN'S WAY

LEWISTON, ID 83501

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held    Name

Street or P.O. Address

City

State

Zip

① President MICHAEL PARENT MD  
307 ST JOHN'S WAY

LEWISTON ID 83501

② Secretary PATRICIA SMITH  
307 ST JOHN'S WAY

LEWISTON ID 83501

5. Organized Under the Laws of:

IDAHO  
C 73046

6.

Signature

Name (Typed or  
Printed)

*Michael K Parent MD* Date 4/8/03

MICHAEL PARENT Title PRESIDENT

2758