

No. C 70529

Due no later than July 31, 2004
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

A. R. NEUENSCHWANDER, M.D., P.A.
A.R. NEUENSCHWANDER, M.D.
4809 FAIRVIEW AVE
BOISE, ID 83706

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4809 FAIRVIEW AVE
BOISE, ID 83706

3. New Registered Agent Signature

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

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>
Pres.	A. R. Neuenschwander	4809 Fairview Ave	Boise	ID	83706

5. Organized Under the Laws of:

IDAHO
C 70529

6.

Signature

Date

5-22-04

Name (Typed or Printed)

A. R. Neuenschwander

Title

Pres