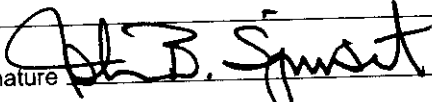


No. C 100967	Due no later than Feb 28, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX JOHN SJURSET 250 BOBWHITE CT # 300 BOISE, ID 83706												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HEALTH CARE MANAGEMENT WEST, INC. JOHN SJURSET 250 BOBWHITE CT # 300 BOISE, ID 83706	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;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>John Sjurset</td> <td>P.O. Box 40064</td> <td>Portland</td> <td>OR</td> <td>97201</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	John Sjurset	P.O. Box 40064	Portland	OR	97201
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	John Sjurset	P.O. Box 40064	Portland	OR	97201									
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 100967</div>		6.  Signature _____ Date <u>1-30-03</u> Name <small>(Typed or Printed)</small> <u>John Sjurset</u> Title <u>President</u>												