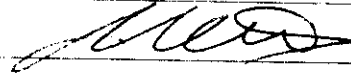


No. C 140467	Due no later than August 31, 2005		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		MARIANNE ZAKARIAN																		
	1. Mailing Address - Correct in this box, if applicable MARIANNE ZAKARIAN, M.D., P.C. 900 N LIBERTY ST STE 204 BOISE, ID 83704		900 N LIBERTY ST STE 204 BOISE, ID 83704 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <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>MARIANNE ZAKARIAN</td> <td>900 N. LIBERTY ST,</td> <td>BOISE,</td> <td>ID</td> <td>83704</td> </tr> <tr> <td></td> <td></td> <td>SUITE 204</td> <td></td> <td></td> <td></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	MARIANNE ZAKARIAN	900 N. LIBERTY ST,	BOISE,	ID	83704			SUITE 204			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
PRESIDENT	MARIANNE ZAKARIAN	900 N. LIBERTY ST,	BOISE,	ID	83704																
		SUITE 204																			
5. Organized Under the Laws of: IDAHO C 140467	6. Signature  Date <u>6/7/05</u> Name (Typed or Printed) <u>MARIANNE ZAKARIAN</u> Title <u>MD</u>																				

Issued 06/01/2005

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