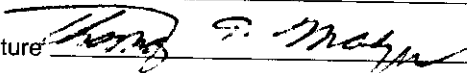
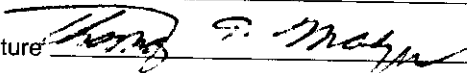
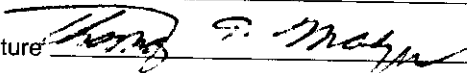


No. C 60599	Due no later than Mar 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX THOMAS A. MAYER 1368 CASWELL AVE W TWIN FALLS, ID 83301												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TWIN FALLS GYNECOLOGICAL ASSOCIATES THOMAS A. MAYER 1368 CASWELL AVE W PO Box 1429 TWIN FALLS, ID 83301 83303	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; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Pres.</td> <td style="vertical-align: top;">Thomas A. Mayer</td> <td style="vertical-align: top;">P.O. Box 1429</td> <td style="vertical-align: top;">Twin Falls</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83303</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>	Pres.	Thomas A. Mayer	P.O. Box 1429	Twin Falls	ID	83303
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Pres.	Thomas A. Mayer	P.O. Box 1429	Twin Falls	ID	83303									
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 60599 </div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>7/23/01</u> </td> </tr> <tr> <td> Name (Typed or Printed): <u>Thomas A. Mayer</u> </td> <td> Title: <u>None</u> </td> </tr> </table>		Signature: 	Date: <u>7/23/01</u>	Name (Typed or Printed): <u>Thomas A. Mayer</u>	Title: <u>None</u>								
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