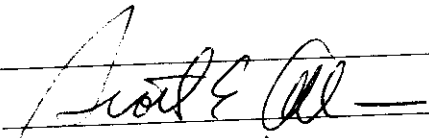


No. C 62785	Due no later than December 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX ROBERT C WELCH 526-H SHOUP AVENUE WEST TWIN FALLS, ID 83301																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WELCH & ALLAN MD, P.A. 526-H SHOUP AVE. W TWIN FALLS, ID 83303		3. New 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; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 30%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>TRES</td> <td>Robert C Welch MD</td> <td>526-H Shoup Ave</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Sec/TRES</td> <td>Scott E Allan MD</td> <td>"</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>	TRES	Robert C Welch MD	526-H Shoup Ave	Twin Falls	ID	83301	Sec/TRES	Scott E Allan MD	"	"	"	"
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TRES	Robert C Welch MD	526-H Shoup Ave	Twin Falls	ID	83301																
Sec/TRES	Scott E Allan MD	"	"	"	"																
5. Organized Under the Laws of: IDAHO C 62785		6. Signature  Date <u>10/23/03</u> Name (Typed or Printed) <u>SCOTT E. ALLAN</u> Title <u>Sec/Treas</u>																			