

No. C 44350	Due no later than September 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IVYL W. WELLS, M.D. PROFESSIONAL AS IVYL W WELLS MD 625 E 8 N MOUNTAIN HOME, ID 83647		IVYL W WELLS MD 625 E 8 N MOUNTAIN HOME, ID 83647												
			3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0" style="width: 100%;"> <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></td> <td>IVYL W WELLS</td> <td>625 E 8 N</td> <td>MOUNTAIN HOME</td> <td></td> <td>83647</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>		IVYL W WELLS	625 E 8 N	MOUNTAIN HOME		83647
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	IVYL W WELLS	625 E 8 N	MOUNTAIN HOME		83647										
5. Organized Under the Laws of: IDAHO C 44350		6. Signature <u>IVYL WELLS</u> Date <u>7/8/04</u> Name <small>(Type or Printed)</small> <u>IVYL WELLS</u> Title _____													