

No. C 48231 A Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Oct 31, 2002 Annual Report Form 1. Mailing Address - Correct in this box, if applicable IDAHO UROLOGY CLINIC, P.A. WILFRED E. WATKINS, M.D. 1613-B 12TH AVE. RD. NAMPA, ID 83686	2. Registered Agent and Office NO PO BOX WILFRED E. WATKINS, M.D. 1613-B 12TH AVE. RD. NAMPA, ID 83686 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 style="vertical-align: top;">President</td> <td style="vertical-align: top;">Wilfred E. Watkins, M.D.</td> <td style="vertical-align: top;">1613 B 12th Ave. Rd.</td> <td style="vertical-align: top;">Nampa,</td> <td style="vertical-align: top;">Idaho</td> <td style="vertical-align: top;">83686</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	Wilfred E. Watkins, M.D.	1613 B 12th Ave. Rd.	Nampa,	Idaho	83686
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President	Wilfred E. Watkins, M.D.	1613 B 12th Ave. Rd.	Nampa,	Idaho	83686									
5. Organized Under the Laws of: IDAHO C 48231 A	6. Signature <u>Wilfred E. Watkins</u> Date <u>8/13/02</u> Name (Typed or Printed) <u>Wilfred E. Watkins, M.D.</u> Title <u>President</u>													