

No. **C 124599**

Due no later than **Jun 30, 2002**  
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

1. Mailing Address - Correct in this box, if applicable

MATTHEW A. STEIN, M.D., P.A.

531 4TH AVE

LEWISTON, ID 83501

MATTHEW A. STEIN  
531 4TH AVE

LEWISTON, ID 83501

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Matthew A. Stein	531 4th Ave	Lewiston	ID	83501
Secretary	Pamela D. Stein	531 4th Ave.	Lewiston	ID	83501

5. Organized Under the Laws of:

IDAHO  
C 124599

6.

Signature

Date

4/15/02

Name (Typed or Printed)

Matthew A. Stein

Title

President

Do Not Tape or Staple

Issued 04/01/2002

2015