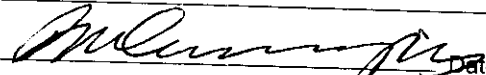


No. C 122782	Due no later than Feb 28, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX STEVEN P LARSON 326 POPLAR BLACKFOOT, ID 83221																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MOUNTAIN RIVER MEDICAL ASSOCIATES, STEVEN R LARSON 326 POPLAR BLACKFOOT, ID 83221		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; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><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>President</td> <td>Brian W. Carrigan, MD</td> <td>326 Poplar</td> <td>Blackfoot</td> <td>Id</td> <td>83221</td> </tr> <tr> <td>Vice Pres.</td> <td>Douglas L. Brown, DO</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Sec.</td> <td>Steven P. Larson, DO</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>	President	Brian W. Carrigan, MD	326 Poplar	Blackfoot	Id	83221	Vice Pres.	Douglas L. Brown, DO	"	"	"	"	Sec.	Steven P. Larson, DO	"	"	"	"
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Sec.	Steven P. Larson, DO	"	"	"	"																						
5. Organized Under the Laws of: IDAHO C 122782		6. Signature  Date 12-21-00 Name (Typed or Printed) Brian W. Carrigan, MD Title: XRD President																									

Issued 12/05/2000

Do Not Tape or Staple