No. C 73046

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 Jun 30, 2001

Annual Report Form

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

MICHAEL K. PARENT, M.D., P.A.
MICHAEL K PARENT
307 ST. JOHN'S WAY

LEWISTON, ID 83501

2. Registered Agent and Office **NO PO BOX**

MICHAEL K PARENT
307 ST. JOHN'S WAY

LEWISTON, ID 83501

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
President	MICHAEL PARENT MD	307 ST JOHN'S WAY	LEWISTON		83501
Secretary	Patricia Smith	307 ST JOHN'S WAY	LEWISTON		83501

5. Organized Under the Laws of:

IDAHO
C 73046

6.

Signature Michael K Parent MD Date 4/09/01

Name (Typed or Printed) MICHAEL K. PARENT MD Title: MD, President

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Issued 04/02/2001

Do Not Tape or Staple