

No. <b>C 84056</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30.</i> <b>1999</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: <b>SECRETARY OF STATE</b> 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>ALPHA-MED., INC.</b> <b>SHARREL D LEWIS</b> <b>227 S SMITH RD # 102</b>  <b>TEMPE</b> <b>AZ 85281</b>	<b>MICHAEL LEE</b> <b>1494 THREE FOUNTAIN DRIVE</b>  <b>IDAHO FALLS ID 83404</b>  3. Organized Under the Laws of:  <b>AZ</b> <b>C 84056</b>

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of  **Managers** or  **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
<i>President/Director</i>	<i>Sharrel D. Lewis</i>	<i>227 S. Smith Rd. #102</i>	<i>Tempe</i>	<i>AZ</i>	<i>85281</i>
<i>Secretary/Director</i>	<i>Sandra Lewis</i>	<i>227 S. Smith Rd. #102</i>	<i>Tempe</i>	<i>AZ</i>	<i>85281</i>

5. Signature of New Registered Agent	6. Signature <i>Sharrel D. Lewis</i> Date <i>8/30/99</i> Name (Typed or Printed) <i>Sharrel D. Lewis</i> Title <i>President</i>
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ISSUED: 07-03-1999

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