

No. C 129258	Due no later than June 30, 2004 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable:		EILEEN M FRELIER 1501 HILAND AVE STE F BURLEY, ID 83318												
	CASSIA INTERNAL MEDICINE ASSOCIATES EILEEN M FRELIER 1501 HILAND AVE STE F BURLEY, ID 83318		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Eileen Frelrier, MD</td> <td>1501 Hiland Ave Ste F</td> <td>Burley</td> <td>ID</td> <td>83318</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	Eileen Frelrier, MD	1501 Hiland Ave Ste F	Burley	ID	83318
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Eileen Frelrier, MD	1501 Hiland Ave Ste F	Burley	ID	83318										
5. Organized Under the Laws of: IDAHO C 129258	6. Signature <u>Leslie Douglas</u> Name (Typed or Printed) <u>Office manager</u>		Date <u>7/7/04</u> Title <u>Leslie Douglas</u>												