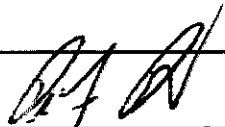


No. C 67171	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX PETER F PETERSEN 1173 UNIVERSITY DRIVE BOISE ID 83706	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct If Not Correct PETER F. PETERSEN, M.D., P.A PETER F PETERSEN 1173 UNIVERSITY DRIVE BOISE ID 83706		3. Organized Under the Laws of: ID C 67171	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
OWNER	PETER F. PETERSEN, M.D., P.A.	1173 UNIVERSITY DR	BOISE	ID 83707
5. <u>New</u> Registered Agent Signature		6. <div style="margin-top: 20px;">  </div> <div> Signature _____ Date <u>10-21-99</u> Name (Typed or Printed) <u>Peter F. Petersen, M.D.</u> Title <u>Owner</u> </div>		

ISSUED: 10-01-1999

9367