	Due no later than February 29, 2004	2. Registered Agent and Office NO PO BOX
No. C 52954	Annual Report Form 1. Mailing Address - Correct in this box of applicable	MICHAEL E. ESTESS, MD 1471 SHORELINE DRIVE
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 837270 0080	MICHAEL E. ESTESS, M.D., CHARTIERED 1471 SHORELINE DR STE 119	BOISE, ID 83702
BOISE, ID 83720-0080 NO FILING FEE IF	BOISE, ID 82792	3. New Registered Agent Signature
4. Corporations: Enter Na Office held Name	mes and Business Addresses of President. Secret Street or P.O. Address Ci	tary and Directors. ity <u>State</u> <u>Zip</u>
President Michael E	. Estess 1471 Shoreline Dr., Ste. 11	19, Boise, ID 83702
1		
5. Organized Under the Laws of:	Conditional	Cles 1 3 - 25-01
5. Organized Under the Laws of: IDAHO C 52954	Signature Coul E. Este. Name Printed)	_ • • • • • • •