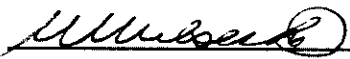
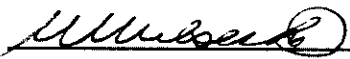
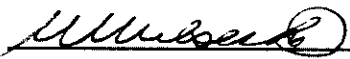


No. <b>W 6079</b>	<b>Annual Report Form</b> 1998 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b> WILLIAM WILSON MD 2860 CHANNING WAY STE 213 IDAHO FALLS ID 83404																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct HIGH DESERT PLASTIC, RECONSTRUCT WILLIAM WILSON MD 2860 CHANNING WAY STE 213 IDAHO FALLS ID 83404		3. Organized Under the Laws of: ID W 6079																		
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input checked="" type="checkbox"/> <b>Members</b> (check one)																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>member/manager</td> <td>William Wilson, MD, PC</td> <td>2860 Channing Way, Ste 213,</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>member/manager</td> <td>Tim Thurman, MD, PC</td> <td>2860 Channing Way, Ste 213,</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	member/manager	William Wilson, MD, PC	2860 Channing Way, Ste 213,	Idaho Falls,	ID	83404	member/manager	Tim Thurman, MD, PC	2860 Channing Way, Ste 213,	Idaho Falls,	ID	83404
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5. Signature of New Registered Agent  N/A		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature </td> <td style="width: 50%;">Date <u>12/1/98</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>William Wilson, MD</u></td> <td>Title <u>Member/Manager</u></td> </tr> </table>		Signature 	Date <u>12/1/98</u>	Name (Typed or Printed) <u>William Wilson, MD</u>	Title <u>Member/Manager</u>														
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ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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