

No. C 96287	Due no later than Sep 30, 2000		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	Annual Report Form																					
	1. Mailing Address - Correct in this box, if applicable DR. BRIAN R. COPPLE, M.D., P.A. DR. BRIAN R COPPLE, M.D. 11100 COYOTE COVE NAMPA, ID 83686		DR. BRIAN R COPPLE M.D. 11100 COYOTE COVE NAMPA, ID 83686 3. New Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Brian Copple</td> <td>11100 Coyote Cove</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secretary</td> <td>Patricia Copple</td> <td>11100 Coyote Cove</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Brian Copple	11100 Coyote Cove	Nampa	ID	83686	Secretary	Patricia Copple	11100 Coyote Cove	Nampa	ID	83686
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Secretary	Patricia Copple	11100 Coyote Cove	Nampa	ID	83686																	
5. Organized Under the Laws of: IDAHO C 96287		6. Signature <u>Brian Copple</u> Date <u>7-19-00</u> Name (Typed or Printed) <u>Brian Copple</u> Title <u>Pres.</u> XXXX																				

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