No. C 129605		Due no later than Jul 31, 2005			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. KATHERINE ANN LEE, M.D., P.A. 100 E IDAHO ST STE 311 BOISE ID 83712 0000		KATHERINE ANN LEE, M.D. 100 E IDAHO ST STE 311 BOISE ID 83712 0000 3. New Registered Agent Signature:*				
NO FILING FEE RECEIVED BY DUE 4. Corporations: Enter Nam	DATE	ess Addresses	of President, Secretary, and Dire	ectors. Treasurer (optional).			
Office Held	Name		Street or PO Address	5	City	State	Country	Postal Code
			1919 N. 21ST 1919 N. 21ST		BOSIE BOISE	ID ID	USA USA	83702 83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDAHO C 129605		Signature: Katherine Ann Lee, President Date: 08/24/2005						
		Name (type or print): Katherine Ann Lee, President Title: Katherine Ann Lee PRESIDENT					DENT	
Processed 08/24/2005		* Electronically	provided signatures are accepto	ed as original sign	atures.			