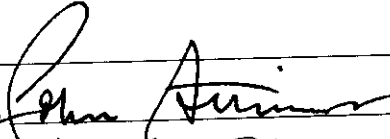


No. C 134798 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jul 31, 2001 Annual Report Form 1. Mailing Address - Correct in this box, if applicable NORTH IDAHO ALLERGY, ASTHMA AND IMM JOHN STRIMAS MD 1200 IRONWOOD DR STE 202 COEUR D'ALENE, ID 83814	2. Registered Agent and Office NO PO BOX JOHN STRIMAS MD 1200 IRONWOOD DR STE 202 COEUR D'ALENE, ID 83814 3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President/ Director	John H Strimas, MD.	1200 Ironwood, Ste 202,	Coeur d'Alene	Id	83814

5. Organized Under the Laws of: IDAHO C 134798	6.  Signature _____ Date <u>5-17-01</u> Name (Typed or Printed) <u>John H. Strimas</u> Title: <u>Pres./Director</u> XXXX
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