

No. C 52954

Due no later than February 28, 2006

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MICHAEL E. ESTESS, M.D., CHARTERED
1471 SHORELINE DR STE 119
BOISE, ID 83702MICHAEL E. ESTESS, MD
1471 SHORELINE DRIVE
BOISE, ID 83702**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

PRESIDENT MICHAEL E. ESTESS, M.D., CHARTERED

1471 SHORELINE DR., STE 119
BOISE, ID 83702

5. Organized Under the Laws of:

IDAHO
C 52954

6.

Signature

Name (Typed or Printed)

Date 1-27-06

Title

Issued 12/01/2005

Do Not Tape or Staple

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