

No. C 52954

Due no later than February 28, 2007

## 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 83702NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

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	Michael E. Estess	1471 Shoreline Dr., Ste. 119	Boise	ID	83702

5. Organized Under the Laws of:

IDAHO  
C 52954

6.

Signature

*M. E. Estess M.D.*

Date

12-18-06

Name

(Typed or  
Printed)*M. E. Estess M.D.*

Title

*President*

Issued 12/01/2006

Do Not Tape or Staple

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