

No. C 52954

Due no later than February 28, 2005
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 83702

MICHAEL 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.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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PRESIDENT	MICHAEL E. ESTESS, MD	1471 SHORELINE DRIVE	BOISE	ID	83702
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5. Organized Under the Laws of:

IDAHO
C 52954

6.

Signature

Name (Typed or Printed)

Date

Title

M. E. Estess, M.D. Date *12-15-04*