——————	Due no later than Aug 31, 2001	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Mailing Address - Correct in this box, if applicable OMEGA MEDICAL, INC.	PATRICK CARROLL 1386 KENDALL RD
BOISE, ID 83720-0080	1386 KENDALL RD	PRIEST RIVER, ID 83856
NO FILING FEE IF RECEIVED BY DUE DATE	PRIEST RIVER, ID 83856	New Registered Agent Signature
Corporations: Enter N	ames and Rusiness Address	
Office held Name	ames and Business Addresses of President, Secreta	ary and Directors.
PRESIDENT DONALS	Street or P.O. Address City	V State -
I THE SUPPLET I SOAT PLATE	$\mathbf{C} = \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A} \mathbf{A}$	
Donnes.	Street or P.O. Address CALROLL 1386 KENDALL RD PRIES	67 KWER 13 83856
DONNES.	FRIES	67 KWER 18 83856
Donnes	FRIES	67 KWER 13 83856
	TRIES	67 KWER 18 83856
5. Organized Under the Laws of:		67 KWER 18 83856
 Organized Under the Laws of: IDAIIO 	6. Signature	
Organized Under the Laws of:	6. Signature	Date Date
 Organized Under the Laws of: IDAIIO 	6. Signature	