

No. <b>C 119397</b>	Due no later than May 31, 2006 <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  BONES P.A. DR D MICHAEL CLARKE 1675 N MAPLE GROVE RD BOISE, ID 83704		DR. D MICHAEL CLARKE 1675 N MAPLE GROVE RD BOISE, ID 83704  3. New Registered Agent Signature											
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Dr. D. Michael Clarke</td> <td>1675 N. Maple Grove Rd</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Dr. D. Michael Clarke	1675 N. Maple Grove Rd	Boise	ID
Office held	Name	Street or P.O. Address	City	State	Zip									
Pres	Dr. D. Michael Clarke	1675 N. Maple Grove Rd	Boise	ID	83704									
5. Organized Under the Laws of:  IDAHO C 119397	6. Signature <u>Dr. Michael Clarke</u> Date <u>3-6-06</u> Name (Typed or Printed) <u>Dr. D. Michael Clarke</u> Title <u>Pres.</u>													