No. C 114085	Due no later than Mar 31, 2002 Annual Report Form 1. Mailing Address - Correct in this box. if applicable BLACKFOOT MEDICAL CLINIC HOME CARE, JAMES M MARRIOTT		2. Registered Agent and Office NO PO BOX JAMES M MARRIOTT 625 W PACIFIC BLACKFOOT, ID 83221	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720				
BOISE, ID 83720-0080 NO FILING FEE IF	625 W PACIFIC BLACKFOOT, ID 83221			gent Signature
RECEIVED BY DUE DATE				-
 Corporations: Enter Nam 	es and Business Addresses of Presid	ent, Secretary and	Directors.	
Office held Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>
President Winston Bea	ard 2105 Coronado Street	Idaho Falls	ID	83404
Secretary Greg Calder	2105 Coronado Street	Idaho Falls	ID	83404
5. Organized Under the Laws of:	6.			
IDAHO	Signature Number Bu	aul	ہے_ Date	11/02
C 114085	Name (Typed or Winston I	Beard	Title _President	
Issued 01/02/2002		ole		