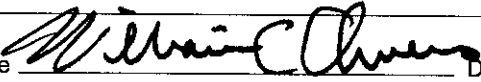


No. C 55998	Due no later than Jul 31, 2002	2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable WILLIAM C. OWENS, M.D., P.A. WILLIAM C. OWENS 6016 EMERALD ST. BOISE, ID 83704	WILLIAM CHASE OWENS, M.D. 6016 EMERALD ST. BOISE IDAHO, ID 83704 3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>William C. Owens</td> <td>6016 Emerald Street,</td> <td>Boise,</td> <td>Idaho</td> <td>83704</td> </tr> <tr> <td>Secretary</td> <td>Karen Newby</td> <td>6016 Emerald Street,</td> <td>Boise,</td> <td>Idaho</td> <td>83704</td> </tr> <tr> <td>Directors</td> <td>William C. Owens</td> <td>6016 Emerald Street,</td> <td>Boise,</td> <td>Idaho</td> <td>83704</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	William C. Owens	6016 Emerald Street,	Boise,	Idaho	83704	Secretary	Karen Newby	6016 Emerald Street,	Boise,	Idaho	83704	Directors	William C. Owens	6016 Emerald Street,	Boise,	Idaho	83704
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 55998 </div>	6.  Signature _____ Date 05/16/02 Name <small>(Typed or Printed)</small> William C. Owens Title President																									