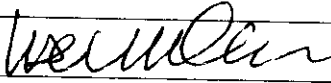


No. C 144005	Due no later than May 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address. Correct in this box, if applicable. HEALTH INFORMATION MANAGEMENT, INC. 9350 W WICHITA ST BOISE, ID 83709		LISA WILKINS 9350 W WICHITA ST BOISE, ID 83709 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>LISA WILKINS</td> <td>9350 W WICHITA ST.</td> <td>BOISE</td> <td>ID</td> <td>83709</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>	PRES	LISA WILKINS	9350 W WICHITA ST.	BOISE	ID	83709
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PRES	LISA WILKINS	9350 W WICHITA ST.	BOISE	ID	83709										
5. Organized Under the Laws of: IDAHO C 144005	6. Signature  Date <u>3/31/03</u> Name (Typed or Printed) <u>LISA WILKINS</u> Title <u>PRESIDENT</u>														

Issued 03/03/2003

Do Not Tape or Staple

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