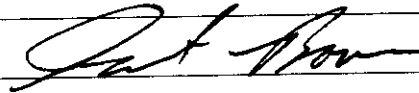


No. C 138828	Due no later than Apr 30, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	<small>1. Mailing Address - Correct in this box, if applicable</small> IDAHO URGENT CARE, P.A. 329 S WOODRUFF AVE IDAHO FALLS, ID 83401	STEPHEN H TELFORD 329 S WOODRUFF AVE IDAHO FALLS, ID 83401 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>David Bowman</td> <td>5223 Sagewood</td> <td>Idaho Falls,</td> <td>ID</td> <td>83406</td> </tr> <tr> <td>Secretary:</td> <td>Kim Bowman</td> <td>5223 Sagewood</td> <td>Idaho Falls,</td> <td>ID</td> <td>83406</td> </tr> <tr> <td>Directors:</td> <td>David Bowman</td> <td>5223 Sagewood</td> <td>Idaho Falls,</td> <td>Id</td> <td>83406</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:	David Bowman	5223 Sagewood	Idaho Falls,	ID	83406	Secretary:	Kim Bowman	5223 Sagewood	Idaho Falls,	ID	83406	Directors:	David Bowman	5223 Sagewood	Idaho Falls,	Id	83406
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5. Organized Under the Laws of: IDAHO C 138828	6. Signature  Date <u>4-1-03</u> Name <small>(Typed or Printed)</small> <u>David Bowman</u> Title <u>President</u>																									