

No. **C 66662**

**Due no later than May 31, 2004**  
**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

1. Mailing Address - Correct in this box, if applicable

ANTHONY D. KEYS, M.D., P.A.  
ANTHONY D. KEYS, M.D.  
222 NORTH 2ND ST, SUITE 315  
BOISE, ID 83702

ANTHONY D. KEYS, M.D.  
222 NORTH 2ND ST., SUITE 315

BOISE, ID 83702

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held    Name

Street or P.O. Address

City

State

Zip

PRESIDENT

ANTHONY D. KEYS, M.D., P.A.

222 NORTH 2ND ST, SUITE 315  
BOISE ID 83702

5. Organized Under the Laws of:

IDAHO  
C 66662

6.

Signature

Date

03-18-04

Name (Typed or Printed)

ANTHONY D. KEYS, M.D.

Title

PRESIDENT