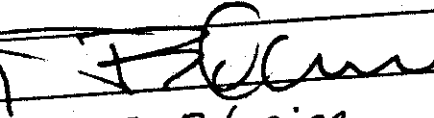
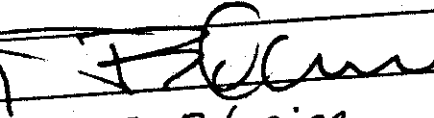
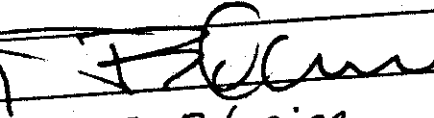


No. C 129234	Due no later than June 30, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX DR. J. TED SILVEIRA 43 IRON CREEK RD STANLEY, ID 83278
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MARIE OSBORNE - SALMON RIVER CLINIC J. TED SILVEIRA PO BOX 183 STANLEY, ID 83278	3. <u>New</u> Registered Agent Signature

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

	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>			
President:	J. Ted Silveira P.O. Box 183	Stanley	Idaho	83278
Secretary:	Jim R. Bennette P.O. Box 36	Challis	Idaho	83226
Director:	David Kington P.O. Box 32	Stanley	Idaho	83278

5. Organized Under the Laws of: IDAHO C 129234	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> 6. Signature  </td> <td style="width: 60%;"> Date <u>6/5/07</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>J. Ted Silveira</u> </td> <td> Title <u>President</u> </td> </tr> </table>	6. Signature 	Date <u>6/5/07</u>	Name (Typed or Printed) <u>J. Ted Silveira</u>	Title <u>President</u>
6. Signature 	Date <u>6/5/07</u>				
Name (Typed or Printed) <u>J. Ted Silveira</u>	Title <u>President</u>				

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Do Not Tape or Staple