

No. C 142104	Due no later than January 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX STANLEY MOGELSON 3527 TWIN FALLS GRADE KIMBERLY, ID 83341																		
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: <small>Correct in this box, if applicable</small> STANLEY MOGELSON, M.D., P.A. 3527 TWIN FALLS GRADE KIMBERLY, ID 83341		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																					
<table 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>Pres./dir</td> <td>Stanley Mogelson</td> <td>3527 Twin Falls Grade</td> <td>Kimberly</td> <td>ID</td> <td>83341</td> </tr> <tr> <td>Sec'y/dir</td> <td>Debra Mogelson</td> <td>3527 Twin Falls Grade</td> <td>Kimberly</td> <td>ID</td> <td>83341</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./dir	Stanley Mogelson	3527 Twin Falls Grade	Kimberly	ID	83341	Sec'y/dir	Debra Mogelson	3527 Twin Falls Grade	Kimberly	ID	83341
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5. Organized Under the Laws of: IDAHO C 142104		6. Signature <u><i>Stanley Mogelson</i></u> Date <u>11/16/03</u> Name <small>(Typed or Printed)</small> <u>Stanley Mogelson</u> Title <u>Pres</u>																			