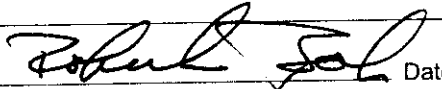


No. C 128511	Due no later than April 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX ROBERT W BOHUS MD 755 HOSPITAL WAY A-4 POCATELLO, ID 83201												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable: ROBERT W. BOHUS, M.D., F.A.C.S., P. ROBERT W BOHUS, M.D. 755 HOSPITAL WAY A-4 POCATELLO, ID 83201		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; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">PRESIDENT</td> <td style="vertical-align: top;">ROBERT W BOHUS</td> <td style="vertical-align: top;">755 HOSPITAL WAY A-4</td> <td style="vertical-align: top;">POCATELLO</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83201</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	ROBERT W BOHUS	755 HOSPITAL WAY A-4	POCATELLO	ID	83201
Office held	Name	Street or P.O. Address	City	State	Zip										
PRESIDENT	ROBERT W BOHUS	755 HOSPITAL WAY A-4	POCATELLO	ID	83201										
5. Organized Under the Laws of: IDAHO C 128511		6. Signature  Date <u>4/15/04</u> Name (Typed or Printed) <u>ROBERT W BOHUS</u> Title _____													