

No. C 143842	Due no later than May 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX CLAINE JUDY 755 HOSPITAL WAY STE A POCA TELLO, 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 JUDY, PC CLAINE JUDY 755 HOSPITAL WAY STE A POCA TELLO, ID 83201	3. New 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>Director</td> <td>Claine D JUDY</td> <td>755 Hospital Way Ste A S</td> <td>Pocatello</td> <td>Idaho</td> <td>83201</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>	Director	Claine D JUDY	755 Hospital Way Ste A S	Pocatello	Idaho	83201
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Director	Claine D JUDY	755 Hospital Way Ste A S	Pocatello	Idaho	83201									
5. Organized Under the Laws of: IDAHO C 143842	6. Signature <u>Claine Judy Co.</u> Date <u>3/9/05</u> Name <small>(Typed or Printed)</small> <u>Claine D Judy Co.</u> Title <u>Director</u>													

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