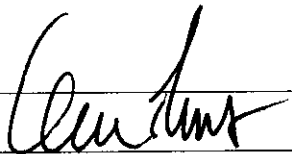


No. C 108599	Due no later than Dec 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX GENE TOMT 520 N 3RD SANDPOINT, ID 83864																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BONNER HEALTH NETWORK INC. GENE TOMT 520 N 3RD SANDPOINT, ID 83864	3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <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></td> <td>Gene Tomt</td> <td>520 N 3rd</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td></td> <td>Sheryl Rickard</td> <td>520 N 3rd</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td></td> <td>Dr. Thomas Lawrence</td> <td>1327 Superior</td> <td>Sandpoint</td> <td>ID</td> <td>83864</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>		Gene Tomt	520 N 3rd	Sandpoint	ID	83864		Sheryl Rickard	520 N 3rd	Sandpoint	ID	83864		Dr. Thomas Lawrence	1327 Superior	Sandpoint	ID	83864
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 108599</div>	6. Signature  Date <u>10/4/02</u> Name <small>(Typed or Printed)</small> <u>Gene Tomt</u> Title <u>CEO</u>																									