

No. C 130931	Due no later than Oct 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX													
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		THOMAS E DAVIS													
	BOISE PAIN MANAGEMENT, P.A. 115 MAIN ST STE 102		115 MAIN ST STE 102 BOISE, ID 83702													
	BOISE, ID 83702		3. New Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>THOMAS E. DAVIS</td> <td>115 MAIN #102</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	THOMAS E. DAVIS	115 MAIN #102	BOISE	ID	83702
Office held	Name	Street or P.O. Address	City	State	Zip											
PRESIDENT	THOMAS E. DAVIS	115 MAIN #102	BOISE	ID	83702											
5. Organized Under the Laws of: IDAHO C 130931		6. <i>Thomas E Davis</i> Signature <small>(Typed or Printed)</small> THOMAS E. DAVIS			Date <i>8 Aug 00</i> Title: <i>PRESIDENT</i> XXXX											

Issued 08/01/2000

Do Not Tape or Staple

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