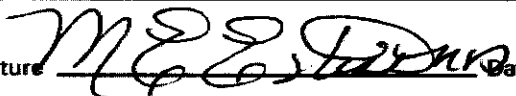


No. C 52954	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX MICHAEL E. ESTESS, MD 1471 SHORELINE DRIVE BOISE ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct If Not Correct MICHAEL E. ESTESS, M.D., CHA 1471 SHORELINE DR STE 119 BOISE ID 83702		3. Organized Under the Laws of: ID C 52954
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
President/ owner	Michael E. Estess, M.D.	1471 Shoreline Dr Suite 119 Boise, Idaho 83702	
Secretary	Sally Jefferies	1471 Shoreline Dr Suite 119 Boise, Idaho 83702	
5. Signature of New Registered Agent		6. Signature  Name (Typed or Printed) Michael E. Estess, M.D. Date 8/3/99 Title owner	

ISSUED: 07-03-1999

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