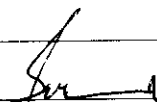


No. C 76879	Due no later than September 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable L. WILLIAM D. NOWIERSKI, M.D., P.A. L WILLIAM D NOWIERSKI 100 WARM SPRINGS AVE STE A BOISE, ID 83712		L WILLIAM D NOWIERSKI 100 WARM SPRINGS AVE STE A BOISE, ID 83712
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES:	L.WILLIAM NOWIERSKI,	MD, 100 WARMSPRINGS AVE, #A-	BOISE,	ID	83712
SEC:	L.WILLIAM NOWIERSKI,	MD, 100 WARM SPRINGS AVE, #A-	BOISE,	ID	83712
DIR:	L.WILLIAM NOWIERSKI,	MD, 100 WARM SPRINGS AVE, #A-	BOISE,	ID	83712

5. Organized Under the Laws of: IDAHO C 76879	6. Signature  Date <u>8/26/04</u> Name (Typed or Printed) <u>L WILLIAM NOWIERSKI</u> Title <u>PRES.</u>
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