

No. C 44739	Due no later than December 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX CHRISTINE CLARK 2001 S. WOODRUFF, STE. 15 IDAHO FALLS, ID 83404
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 IDAHO FALLS CLINIC, P.A. 2001 SOUTH WOODRUFF, STE. 15 IDAHO FALLS, ID 83404	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>
President-	Margaret A. Wagner, M.D.				
Director-	Leland K. Krantz, M.D.	2001 South Woodruff Avenue			
Director-	James M. David, M.D.	Suite #15			
Director-	Alan G. Avondet, M.D.	Idaho Falls, ID 83404			
Director-	Bradley K. Stoddard, M.D.				

5. Organized Under the Laws of: IDAHO C 44739	6. Signature <u>Christine Clark</u> Date <u>10/14/05</u> Name (Typed or Printed) <u>Christine Clark</u> Title <u>Administrator</u>
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Issued 10/03/2005

Do Not Tape or Staple

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