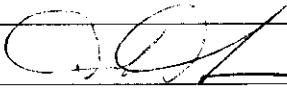


<b>No. C 126458</b>	<b>Due no later than Nov 30, 2000</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF  RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		DAVID DEAN SONNE 714 CANYON RIM RD													
	DAVID DEAN SONNE, M.D., P.C. DAVID DEAN SONNE 714 CANYON RIM RD  TWIN FALLS, ID 83301		TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.  <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DAVID DEAN SONNE</td> <td>714 CANYON RIM RD</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</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>	PRESIDENT	DAVID DEAN SONNE	714 CANYON RIM RD	TWIN FALLS	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
PRESIDENT	DAVID DEAN SONNE	714 CANYON RIM RD	TWIN FALLS	ID	83301											
5. Organized Under the Laws of:  IDAHO C 126458		6. Signature  Date 10/23/00 Name (Typed or Printed) DAVID DEAN SONNE Title: <del>XXX</del>														

Issued 09/04/2000

**Do Not Tape or Staple**

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