

No. C 48231 A	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX WILFRED E. WATKINS, M.D. 1613-B 12TH AVE. RD. NAMPA ID 83686		
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		3. Organized Under the Laws of: ID C 48231 A		
	IDAHO UROLOGY CLINIC, P.A. WILFRED E. WATKINS, M.D. 1613-B 12TH AVE. RD. NAMPA ID 83686				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> 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	W. E. Watkins, M. D.	1616 Primrose Lane	Nampa	ID	83686
Secretary	W. E. Watkins, M. D.	1616 Primrose Lane	Nampa	ID	83686
Treasurer	W. E. Watkins, M. D.	1616 Primrose Lane	Nmapa	ID	83686
5. Signature of New Registered Agent		6. Signature <u>W E Watkins</u> Date <u>7/24/97</u> Name <small>(Typed or Printed)</small> <u>W. E. Watkins, M. D.</u> Title <u>President</u>			

ISSUED: 07-03-1999

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