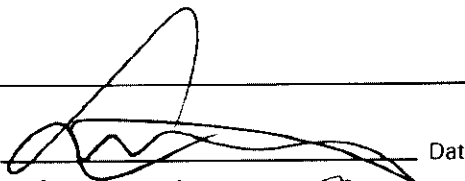


No. <b>W 7267</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i>		<b>1999</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>LON G MILLER, M.D.</b> <b>2609 WILDROSE DR</b>  <b>MOSCOW ID 83843</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of:  <b>ID W 7267</b>	
	<b>MOSCOW EMERGENCY PHYSICIANS,</b> <b>LON G MILLER, M.D.</b> <b>2609 WILDROSE DR</b>  <b>MOSCOW ID 83843</b>			
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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>	<div style="font-family: cursive; font-size: 1.2em;">           MANAGING PARTNER LON MILLER 2609 WILDROSE DR MOSCOW ID 83843         </div>			
5. Signature of New Registered Agent		6.		
		Signature	Date	
		Name <small>(Typed or Printed)</small>	Title	
		 <b>LON MILLER</b>	<b>8-1-99</b>	<b>MANAGING PARTNER</b> <b>6878</b>

ISSUED: 07-03-1999