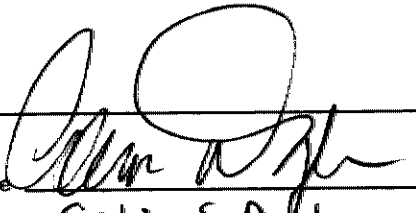
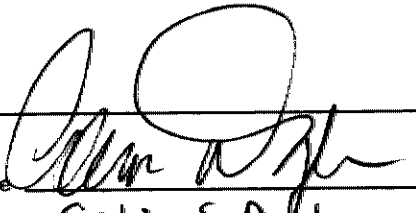
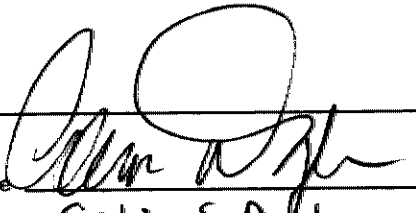


No. C 54751	<b>Annual Report Form</b> 1999 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  VALLEY EAR, NOSE, AND THROAT <del>DANIEL R MILLER MD</del> <del>3318 FOURTH ST. OLD 7</del> 330 Warner Dr.  LEWISTON ID 83501		COLIN S. DOYLE, M.D. <del>3318 4TH ST.</del> 330 Warner Dr.  LEWISTON ID 83501  3. Organized Under the Laws of:  ID C 54751					
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"/> Managers or <input type="checkbox"/> Members (check one)								
5. Signature of New Registered Agent	6. <table border="0" style="width: 100%;"> <tr> <td data-bbox="536 691 1090 776">           Signature  </td> <td data-bbox="1090 691 1463 776">           Date 10-4-99         </td> </tr> <tr> <td data-bbox="536 776 1090 851">           Name (Typed or Printed) Colin S. Doyle         </td> <td data-bbox="1090 776 1463 851">           Title Pres         </td> </tr> </table>				Signature 	Date 10-4-99	Name (Typed or Printed) Colin S. Doyle	Title Pres
Signature 	Date 10-4-99							
Name (Typed or Printed) Colin S. Doyle	Title Pres							

ISSUED: 07-03-1999

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