

| No. C 142701 | Due no later than February 28, 2005 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------|-------|------------------------|------|-------|-----|-----------|-------------------|----------------------|---------|----|-------|-----------|----------------------|----------------------|---------|----|-------|
| 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 | | BRIAN W CHRISTENSEN 20 MADISON PROF PARK REXBURG, ID 83440 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | | | | | | |
| | BRIAN W. CHRISTENSEN M.D., P.A. 20 MADISON PROF PARK REXBURG, ID 83440 | | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>BRIAN CHRISTENSEN</td> <td>20 MADISON PROF PARK</td> <td>REXBURG</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Secretary</td> <td>Karie J. Christensen</td> <td>20 Madison Prof Park</td> <td>REXBURG</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | President | BRIAN CHRISTENSEN | 20 MADISON PROF PARK | REXBURG | ID | 83440 | Secretary | Karie J. Christensen | 20 Madison Prof Park | REXBURG | ID | 83440 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | |
| President | BRIAN CHRISTENSEN | 20 MADISON PROF PARK | REXBURG | ID | 83440 | | | | | | | | | | | | | | | | |
| Secretary | Karie J. Christensen | 20 Madison Prof Park | REXBURG | ID | 83440 | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 142701 | | 6. Signature <u>Brian Christensen</u> Date <u>10/16</u> | | | | | | | | | | | | | | | | | | | |