	Due no later than Dec 31, 2002	2. Registered Agent and Office NO PO BOX
No. <u>C 44739</u>	Annual Report Form	CHRISTINE CLARK
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Mailing Address - Correct in this box, if applicable	2001 S. WOODRUFF, STE. 15
	IDAHO FALLS CLINIC, P.A.	IDAHO FALLS, ID 83404
	2001 SOUTH WOODRUFF, STE. 15	3. New Registered Agent Signature
NO FILING FEE IF	IDAHO FALLS, ID 83404	
4. Corporations: Enter Nat	mes and Business Addresses of President, Secre	etary and Directors.
Office held Name	Street or P.O. Address	City State Zip
Director - Lelan Director - James	M. David, M.D. Idaho Falls,	Noodruff Ave., Ste. 15 , ID 83 <b>4</b> 04
5. Organized Under the Laws of:	6. Signature Christine Clar	2k Date 10/10/02
IDAHO	A = A + A + A + A + A + A + A + A + A +	rK Title Administrator
	Name Printed)  Name Printed)	rK Title Administrator