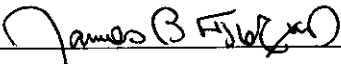
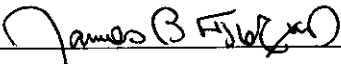
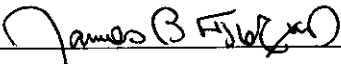


No. C 64184	Due no later than Jun 30, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX JAMES FISHER, M.D. 307 ST. JOHN'S WAY #17 LEWISTON, ID 83501												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JAMES B. FISHER, M.D., P.A. JAMES FISHER, M.D. 307 SAINT JOHN'S WAY #17 LEWISTON, ID 83501	3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>James B. Fisher, M.D., P.A.</td> <td>307 St. John's Way Suite #17</td> <td>Lewiston</td> <td>Id</td> <td>83501</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	James B. Fisher, M.D., P.A.	307 St. John's Way Suite #17	Lewiston	Id	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	James B. Fisher, M.D., P.A.	307 St. John's Way Suite #17	Lewiston	Id	83501									
5. Organized Under the Laws of: IDAHO C 64184	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>4/09/01</u> </td> </tr> <tr> <td colspan="2"> Title: _____ </td> </tr> <tr> <td colspan="2"> Name <small>(Typed or Printed)</small> <u>James B. Fisher, M.D., P.A.</u> XXXX </td> </tr> </table>		Signature 	Date <u>4/09/01</u>	Title: _____		Name <small>(Typed or Printed)</small> <u>James B. Fisher, M.D., P.A.</u> XXXX							
Signature 	Date <u>4/09/01</u>													
Title: _____														
Name <small>(Typed or Printed)</small> <u>James B. Fisher, M.D., P.A.</u> XXXX														