TATE SON 080 E DATE	**Due no later than January 31, 2005** **Annual Report Form** 1. Mailing Address - Correct in this box, if applicable SHANNAHAN PODIATRY CLINIC, P.A. DONALD R. SHANNAHAN 112 WEST LOGAN CALDWELL, ID 83605	2. Registered Agent and Office **NO PO BOX** DONALD R. SHANNAHAN 112 WEST LOGAN CALDWELL, ID 83605 3. New Registered Agent Signature

: Enter Names and Business Addresses of President, Secretary and Directors.

Name	Street or P.O. Address	City	State	Zip
Donald R Shannahan	112 W Logan	Caldwell	ID	83605

der the Laws of: IDAHO C 62858	6. Signature Donald R Shannahan Date 11/30/04 Name (Typed or Printed) Donald R Shannahan Title President

ued 11/01/2004 **Do Not Tape or Staple** 2.00501E+11