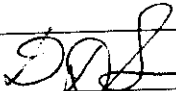


No. C 126458	Due no later than Nov 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable DAVID DEAN SONNE, M.D., P.C. DAVID DEAN SONNE 714 CANYON RIM RD TWIN FALLS, ID 83301		DAVID DEAN SONNE 714 CANYON RIM RD TWIN FALLS, ID 83301												
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature												
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>DAVID DEAN SONNE</td> <td>714 CANYON RIM RD</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	DAVID DEAN SONNE	714 CANYON RIM RD	TWIN FALLS	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip										
PRESIDENT	DAVID DEAN SONNE	714 CANYON RIM RD	TWIN FALLS	ID	83301										
5. Organized Under the Laws of: IDAHO C 126458	6. Signature  <div> <div> Name (Typed or Printed) DAVID DEAN SONNE </div> <div> Date 9/14/02 </div> </div> <div> <div> Title PRESIDENT </div> </div>														