

No. C 56405	Annual Report Form 1999 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct PAUL B. HEUSTON, M.D., P.A. PAUL B. HEUSTON, M.D. 616 PINE ST GOODING ID 83330	PAUL B. HEUSTON, M.D. 616 PINE ST GOODING ID 83330 3. Organized Under the Laws of: ID C 56405																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <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>Paul B. Heuston, M.D.</td><td>616 Pine St.</td><td>Gooding</td><td>Id.</td><td>83330</td></tr><tr><td>Secretary</td><td>Beverley A. Heuston</td><td>616 Pine St.</td><td>Gooding</td><td>Id.</td><td>83330</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Paul B. Heuston, M.D.	616 Pine St.	Gooding	Id.	83330	Secretary	Beverley A. Heuston	616 Pine St.	Gooding	Id.	83330
Office held	Name	Street or P.O. Address	City	State	Zip															
President	Paul B. Heuston, M.D.	616 Pine St.	Gooding	Id.	83330															
Secretary	Beverley A. Heuston	616 Pine St.	Gooding	Id.	83330															
5. Signature of New Registered Agent	6. Signature <u><i>Paul B. Heuston</i></u> Date <u>8-28-99</u> Name (Typed or Printed) <u>Paul B. Heuston, M.D.</u> Title <u>President</u>																			

ISSUED: 07-03-1999

5642