No. C 129234

Due no later than June 30, 2004
Annual Report Form

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:

MARIE OSBORNE - SALMON RIVER CLINIC
J. TED SILVEIRA
PO BOX 183
STANLEY, ID 83278

2. Registered Agent and Office **NO PO BOX**

DR. J. TED SILVEIRA
43 IRON CREEK RD
STANLEY, ID 83278

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Ted Silveira	P.O. Box 183	Stanley	Id	83278
Sec.	Jim Bennetts	P.O. Box 36	Challis	Id	83226
Dir.	Dave Kimpton	P.O. Box 32	Stanley	Id	83278
Dir.	Steve Nosac	P.O. Box 350	Stanley	Id	83278

5. Organized Under the Laws of:
IDAHO
C 129234

6. Signature J. T. Silveira Date 6/2/04
Name (Typed or Printed) J. T. Silveira Title Pres.

Issued 04/01/2004

Do Not Tape or Staple

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