

No. C 102561	Due no later than Jun 30, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX JOHN W MANNSCHRECK MD 531 FOURTH AVE 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 JOHN W. MANNSCHRECK, M.D., P.A. JOHN W MANNSCHRECK MD 531 FOURTH AVE LEWISTON, ID 83501	3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	John W. Mannschreck	531 4th Ave	Lewiston	ID	83501
Secretary	Catherine Z. Mannschreck	(same)			
Director	John W. Mannschreck	(same)			

5. Organized Under the Laws of: IDAHO C 102561	6. Signature <u>John W. Mannschreck</u> Date <u>4/12/02</u> Name (Typed or Printed) <u>John W. Mannschreck</u> Title <u>President</u>
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