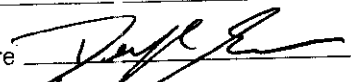
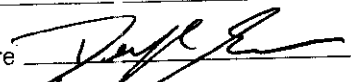
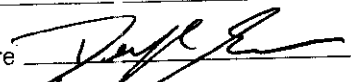


No. W 4631	Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box if applicable CROWN MEDICAL, LLC DEREK C ENCE PO BOX 1491 IDAHO FALLS, ID 83403		DEREK C ENCE 2235 E 25TH ST #220 IDAHO FALLS, ID 83404
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Brett Wright	2235 E 25th #200	Idaho Falls	ID	83404
Manager	Dan Harwood	"	"	"	"
Manager	Brett Derek Ence	"	"	"	"

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 4631</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>8-21-03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Derek Ence</u></td> <td>Title <u>General Counsel</u></td> </tr> </table>	Signature 	Date <u>8-21-03</u>	Name (Typed or Printed) <u>Derek Ence</u>	Title <u>General Counsel</u>
Signature 	Date <u>8-21-03</u>				
Name (Typed or Printed) <u>Derek Ence</u>	Title <u>General Counsel</u>				