No. C 69355	Due no later than March 31, 2005 Annual Report Form	Registered Agent and Office NO PO BOX WILLIAM C FITZHUGH
Return to:	1. Mailing Address - Correct in this box, if applicable	589 SHOUP AVE. WEST
SECRETARY OF STATE 700 WEST JEFFERSON	WILLIAM C. FITZHUGH, M.D., P.A.	TWIN FALLS, ID 83301
PO BOX 83720	WILLIAM C FITZHUGH M.D.	
BOISE, ID 83720-0080	589 SHOUP AVE. WEST TWIN FALLS, ID 83301	The state of America Companyo
	WIN FALLS, ID 65501	3. New Registered Agent Signature
NO FILING FEE IF		
RECEIVED BY DUE DATE	A LL Considerat Const	any and Directors
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.		
Office held Name	Street or P.O. Address Ci	ty <u>State</u> <u>Zip</u>
William Cti	Tztlagh 589 Shout Aue	
		73301
5. Organized Under the Laws of:	6.	1-17-26
IDAHO	Signature 19 19	Date
C 69355	Name Printed J. P. FITZHUEH	Title Le hus.
Issued 01/03/2005	Do Not Tape or Staple	200503003313

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