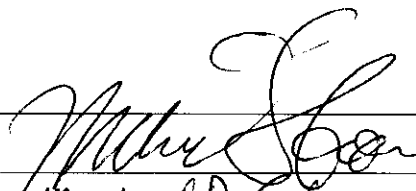


No. C 82439	Due no later than Oct 31, 2000	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable	MICHAEL P. GIBSON, MD 6533 EMERALD ST. BOISE, ID 83704
	IDAHO PHYSICIAN ASSOCIATES P.A. MICHAEL P. GIBSON, MD 6533 EMERALD ST. BOISE, ID 83704	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	Michael P Gibson MD			
		6533 EMERALD ST.	Boise,	ID	83704

5. Organized Under the Laws of: IDAHO C 82439	6.  Signature _____ Date <u>8-7-00</u> Name (Typed or Printed) <u>Michael P Gibson</u> Title: <u>President</u> XXXX
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Issued 08/01/2000

Do Not Tape or Staple

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