No. C 118311	Due no later than Feb 28, 2001	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BO
SECRETARY OF STATE	1. Mailing Address - Correct in this how if a literation	BRYAN C POGUE, M.D.
700 WEST JEFFERSON	MD4 CLINICAL RESEARCH INC	6565 W EMERALD ST
PO BOX 83720		
BOISE, ID 83720-0080	SEES WEMERALD OT 6755 Cochane Drive	BOISE, ID 83704
NO FILING FEE IF	BOISE, ID-83784_ Meridian, Idaho	3 Now Parister 14
RECEIVED BY DUE DATE	82143	3. New Registered Agent Signature
Corporations: Enter Mar	83642	
enter Nan	es and Business Addresses of President, Secretary	L and Direct
Office held Name	Street or B.O. Addas	and Directors.
	Street or P.O. Address City	State Zip
	I. Pogue, Esq. 6755 Cochrane Drive Meridian, ID 836	42
Organized Under the Laws of:	6.	
IDAHO	Signature	
C 118311		Date2/6/0/
	Name Printed BRYAN C. POGUE, N	Date 2/6/01 Title: Prestant
Issued 12/05/2000	Do Not Tape or Staple	