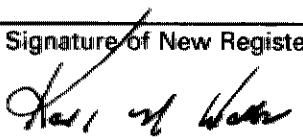
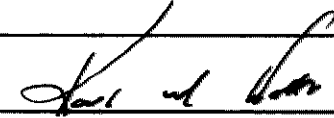
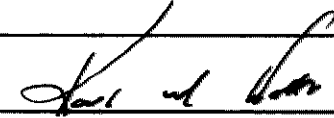
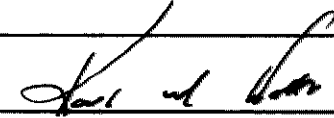


No. W 6352	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX KARL NORMAN WATTS 10255 W OVERLAND RD BOISE ID 83709								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct GENESIS MEDICAL CENTER PROFE KARL NORMAN WATTS 10255 W OVERLAND RD BOISE ID 83709		3. Organized Under the Laws of: ID W 6352								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one)											
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>								
<u>State</u>	<u>Zip</u>										
MANAGER	KARL N WATTS MD	10255 W OVERLAND	BOISE ID 83709								
MANAGER	SUSIE DILLON MD	"	"								
5. Signature of New Registered Agent 		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 30%; text-align: center;"></td> <td style="width: 20%;">Date</td> <td style="width: 20%; text-align: center;">23 Aug 99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td style="text-align: center;">KARL N WATTS</td> <td>Title</td> <td style="text-align: center;">MANAGER</td> </tr> </table>		Signature		Date	23 Aug 99	Name (Typed or Printed)	KARL N WATTS	Title	MANAGER
Signature		Date	23 Aug 99								
Name (Typed or Printed)	KARL N WATTS	Title	MANAGER								

ISSUED: 07-03-1999

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