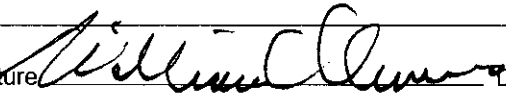


| | | | |
|---|---|--|---|
| No. C 55998 | Due no later than Jul 31, 2000 | | 2. Registered Agent and Office NO PO BOX |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | Annual Report Form | | WILLIAM CHASE OWENS, M.D. |
| | 1. Mailing Address - Correct in this box, if applicable | | 6016 EMERALD ST. |
| | WILLIAM C. OWENS, M.D., P.A. | | BOISE IDAHO, ID 83704 |
| | 6016 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 | William C. Owens | 6016 Emerald St., Boise, ID 83704 | |
| Secretary | Karen J. Newby | 6016 Emerald St., Boise, ID 83704 | |
| Directors | William C. Owens | 6016 Emerald St., Boise, ID 83704 | |
| 5. Organized Under the Laws of: | | 6. | |
| IDAHO | | Signature  Date <u>8/14/00</u> | |
| C 55998 | | Name <small>(Typed or Printed)</small> <u>William C. Owens</u> Time <u>President</u> | |

Issued 05/10/2000

Do Not Tape or Staple

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