

No. C 133224	Due no later than Mar 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable TREASURE VALLEY MEDICAL BILLING, IN 2286 POEN RD KUNA, ID 83634	PATRICIA A PATE 2286 POEN RD KUNA, ID 83634
NO FILING FEE IF RECEIVED BY DUE DATE		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	Patricia Pate	2286 Poen Rd	Kuna	ID	83634

5. Organized Under the Laws of: IDAHO C 133224	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Signature <u>Patricia A. Pate</u></td> <td style="width: 50%;">Date <u>3/19/03</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Patricia A. Pate</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature <u>Patricia A. Pate</u>	Date <u>3/19/03</u>	Name <small>(Typed or Printed)</small> <u>Patricia A. Pate</u>	Title <u>President</u>
Signature <u>Patricia A. Pate</u>	Date <u>3/19/03</u>				
Name <small>(Typed or Printed)</small> <u>Patricia A. Pate</u>	Title <u>President</u>				