


No. <b>C 150435</b>	<b>Due no later than August 31, 2005</b>		2. Registered Agent and Office <b>NO PO BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		CLAY I CAMPBELL MD 166 S 5TH ST MONTPELIER, ID 83254
	1. Mailing Address - Correct in this box, if applicable  CLAY I. CAMPBELL, M.D., P.C. 166 S 5TH ST MONTPELIER, ID 83254		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			3. <u>New</u> Registered Agent Signature
<u>Office held</u> Pres / Sec / Treas.	<u>Name</u> Clay I. Campbell M.D., P.C. 166 S. 5 <sup>th</sup> Street Montpelier, ID 83254	<u>Street or P.O. Address</u> <u>City</u> <u>State</u> <u>Zip</u>	
5. Organized Under the Laws of:  IDAHO C 150435	6. Signature  Date <u>6/8/05</u> Name (Typed or Printed) <u>Clay I. Campbell MD, PC</u> Title <u>owner</u>		

Issued 06/01/2005

Do Not Tape or Staple

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