

No. C 152177		Due no later than Dec 31, 2005		2. Registered Agent and Address (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 1. Mailing Address: Correct in this box if needed. SANDOVAL CENTER FOR MEDICINE, CHARTERED LUCIA SANDOVAL PO BOX 7130 BOISE ID 83707 0000		JESSE SANDOVAL DO 203 W FORT ST BOISE ID 83706 0000			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JESSE SANDOVAL	1199 SHORELINE DR.	BOISE	ID	USA	83702	
SECRETARY	LUCIA M SANDOVAL	1199 SHORELINE DR.	BOISE	ID	USA	83702	
DIRECTOR	JESSE SANDOVAL	1199 SHORELINE DR.	BOISE	ID	USA	83702	
5. Organized Under the Laws of: IDAHO C 152177		6. Annual Report must be signed.* Signature: Jesse Sandoval Name (type or print): Jesse Sandoval Date: 01/06/2006 Title: President					
Processed 01/06/2006		* Electronically provided signatures are accepted as original signatures.					