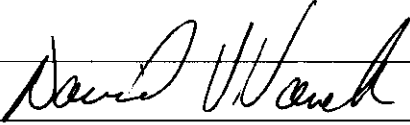


No. C 90141	Due no later than Aug 31, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable	DAVID V. VANEK, M.D. 755 HOSPITAL WAY SUITE A-5 POCA TELLO, ID 83201																		
	DAVID V. VANEK, M.D., P.A. DAVID V. VANEK, M.D. 755 HOSPITAL WAY SUITE A-5 POCA TELLO, ID 83201		3. <u>New</u> Registered Agent Signature																	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Secretary:</td> <td>Gretchen Vanek</td> <td>755 Hospital Way A-5</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Director:</td> <td>David V. Vanek MD</td> <td>755 Hospital Way A-5</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Secretary:	Gretchen Vanek	755 Hospital Way A-5	Pocatello	ID	83201	Director:	David V. Vanek MD	755 Hospital Way A-5	Pocatello	ID	83201
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Director:	David V. Vanek MD	755 Hospital Way A-5	Pocatello	ID	83201															
5. Organized Under the Laws of: IDAHO C 90141	6. Signature  Name (Typed or Printed) <u>David V. Vanek M.D.</u> Date <u>6/19/00</u> Title: <u>Director</u> XXXX																			