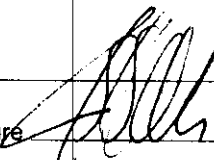


No. C 142450	Due no later than Feb 28, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box if applicable		ALLAN R BOSCH 225 N 9TH ST STE 210 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature																		
	BOISE UROLOGY, P.A. 520 S EAGLE RD STE 3201 MERIDIAN, ID 83642																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres/Treasurer</td> <td>Joseph H Williams MD</td> <td>520 S Eagle Rd #3201</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>Secretary</td> <td>Signe H. Williams</td> <td>Same</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres/Treasurer	Joseph H Williams MD	520 S Eagle Rd #3201	Meridian	ID	83642	Secretary	Signe H. Williams	Same			
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5. Organized Under the Laws of: IDAHO C 142450		6. Signature  Date <u>12-29-02</u> Name (Typed or Printed) <u>JOSEPH H. WILLIAMS MD</u> Title <u>PRESIDENT</u>																			