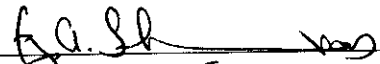


No. C 113746	Due no later than Feb 28, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX CRAIG ALAN SINKINSON 645 RIVER RD HAGERMAN, ID 83332																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CLINICAL MANAGEMENT SERVICES, INC. CRAIG ALAN SINKINSON PO BOX 2002 MCCALL, ID 83638 2002	3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 40%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>CRAIG A. SINKINSON</td> <td>P.O. Box 2002</td> <td>McCALL, ID</td> <td></td> <td>83638-2002</td> </tr> <tr> <td>VICE-PRES</td> <td>SANDY L. NIEMI</td> <td>P.O. Box 2002</td> <td>McCALL, ID</td> <td></td> <td>83638-2002</td> </tr> <tr> <td>SECRETARY</td> <td>MARILEE J. KURACINA</td> <td>P.O. Box 2002</td> <td>McCALL, ID</td> <td></td> <td>83638-2002</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>	PRESIDENT	CRAIG A. SINKINSON	P.O. Box 2002	McCALL, ID		83638-2002	VICE-PRES	SANDY L. NIEMI	P.O. Box 2002	McCALL, ID		83638-2002	SECRETARY	MARILEE J. KURACINA	P.O. Box 2002	McCALL, ID		83638-2002
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 113746</div>	6. Signature <u></u> Date <u>12/20/02</u> Name <small>(Typed or Printed)</small> <u>CRAIG A. SINKINSON</u> Title <u>PRESIDENT</u>																									