

No. C 66662	Due no later than May 31, 2002 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 ANTHONY D. KEYS, M.D., P.A. ANTHONY D. KEYS, M.D. 222 NORTH 2ND ST, SUITE 315 BOISE, ID 83702		ANTHONY D. KEYS, M.D. 222 NORTH 2ND ST., SUITE 315 BOISE, ID 83702												
	3. <u>New</u> Registered Agent Signature														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>PRESIDENT</td><td>ANTHONY D. KEYS, M.D.</td><td>222 N. 2ND ST #315</td><td>BOISE ID</td><td></td><td>83702</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	ANTHONY D. KEYS, M.D.	222 N. 2ND ST #315	BOISE ID		83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PRESIDENT	ANTHONY D. KEYS, M.D.	222 N. 2ND ST #315	BOISE ID		83702										
5. Organized Under the Laws of: IDAHO C 66662		6. Signature <u>Paula L. Flaherty</u> Date <u>3/27/02</u> Name <small>(Typed or Printed)</small> <u>Paula L. FLAHERTY</u> Title <u>OFFICE manager</u>													

Issued 03/01/2002

Do Not Tape or Staple