

No. C 44739	Due no later than Dec 31, 2001		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	Annual Report Form		CHRISTINE CLARK
	1. Mailing Address - Correct in this box, if applicable		2001 S. WOODRUFF, STE. 15
	IDAHO FALLS CLINIC, P.A.		IDAHO FALLS, ID 83404
	2001 SOUTH WOODRUFF, STE. 15		
	IDAHO FALLS, ID 83404		3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President -	James M. David, M.D.		
Director -	Leland K. Krantz II, M.D.	2001 South Woodruff Ave., Ste. #15	
Director -	Margaret A. Wagner, M.D.	Idaho Falls, ID 83404	
Director -	Alan G. Avondet, M.D.		
Director -	Bradley K. Stoddard, M.D.		
5. Organized Under the Laws of:		6.	
IDAHO		Signature <u>Christine Clark</u> Date <u>10-11-01</u>	
C 44739		Name <small>(Typed or Printed)</small> <u>Christine Clark</u> Title <u>Administrator</u>	