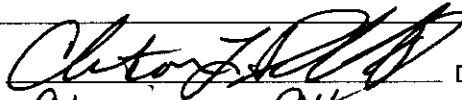
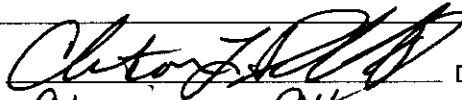
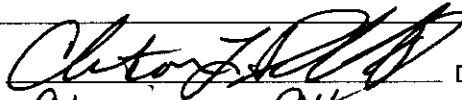


No. C 117382	Due no later than Dec 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address <small>Correct in this box, if applicable</small> CLINTON L. DILLE, M.D., LTD. CLINTON L DILLE MD 236 MARTIN ST TWIN FALLS, ID 83301	CLINTON L DILLE MD 236 MARTIN ST TWIN FALLS, ID 83301 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>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>President</td> <td>Clinton Dille</td> <td>236 MARTIN ST</td> <td>Twin Falls</td> <td>ID</td> <td>83311</td> </tr> <tr> <td>Secretary</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Clinton Dille	236 MARTIN ST	Twin Falls	ID	83311	Secretary					
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Secretary																				
5. Organized Under the Laws of: NEVADA C 117382	6. <table border="1"> <tr> <td>Signature </td> <td>Date <u>10/18/02</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Clinton L. Dille</u></td> <td>Title <u>President</u></td> </tr> </table>		Signature 	Date <u>10/18/02</u>	Name <small>(Typed or Printed)</small> <u>Clinton L. Dille</u>	Title <u>President</u>														
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