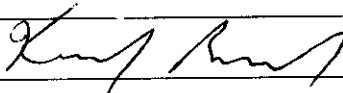


No. C 151547	Due no later than October 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX KENNETH J BRAMWELL MD 12995 N SCHICKS RIDGE BOISE, ID 83714																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable KENNETH J. BRAMWELL, M.D., P.A. KENNETH J BRAMWELL MD 12995 N SCHICKS RIDGE BOISE, ID 83714		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: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><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>KENNETH J. BRAMWELL</td> <td>12995 N. SCHICKS RIDGE</td> <td>BOISE</td> <td>ID</td> <td>83714</td> </tr> <tr> <td>SECRETARY</td> <td>LORILEE W. BRAMWELL</td> <td>12995 N. SCHICKS R.D.</td> <td>BOISE</td> <td>ID</td> <td>83714</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	KENNETH J. BRAMWELL	12995 N. SCHICKS RIDGE	BOISE	ID	83714	SECRETARY	LORILEE W. BRAMWELL	12995 N. SCHICKS R.D.	BOISE	ID	83714
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5. Organized Under the Laws of: IDAHO C 151547		6. Signature  Date 8/8/5 Name <small>(Typed or Printed)</small> KENNETH J. BRAMWELL, MD Title PRESIDENT																			