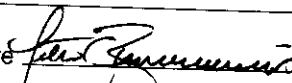
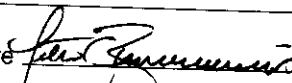
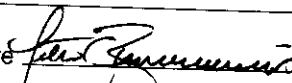


No. C 65527	Due no later than Dec 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX PETER C ZIMMERMAN 1449 E 17TH ST IDAHO FALLS, ID 83401												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PETER C. ZIMMERMAN, M.D. P.A. PETER C. ZIMMERMAN P.O. BOX 2171 IDAHO FALLS, ID 83401		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; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 20%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><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></td> <td>President</td> <td>1449 E 17th St.</td> <td>Idaho Falls</td> <td>Id.</td> <td>83404</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	1449 E 17 th St.	Idaho Falls	Id.	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	President	1449 E 17 th St.	Idaho Falls	Id.	83404										
5. Organized Under the Laws of: IDAHO C 65527		6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>11/30/00</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>Peter C. Zimmerman MD</u> </td> <td> Title: <u>President</u> </td> </tr> </table>		Signature 	Date <u>11/30/00</u>	Name <small>(Typed or Printed)</small> <u>Peter C. Zimmerman MD</u>	Title: <u>President</u>								
Signature 	Date <u>11/30/00</u>														
Name <small>(Typed or Printed)</small> <u>Peter C. Zimmerman MD</u>	Title: <u>President</u>														

Issued 10/02/2000

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