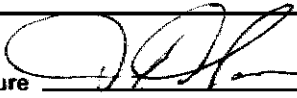


No. <b>C126458</b>	<b>Annual Report Form 1999</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>DAVID DEAN SONNE</b> <b>714 CANYON RIM RD</b>  <b>TWIN FALLS ID 83301</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address Please Correct If Not Correct  <b>DAVID DEAN SONNE, M.D., P.C.</b> <b>DAVID DEAN SONNE</b> <b>714 CANYON RIM RD</b>  <b>TWIN FALLS ID 83301</b>		3. Organized Under the Laws of:  <b>ID C126458</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	DAVID D. SONNE	714 CANYON RIM RD	TWIN FALLS ID 83301
SECRETARY/TREAS.	ELIZABETH D. SONNE	714 CANYON RIM RD	TWIN FALLS, ID 83301
5. <u>New</u> Registered Agent Signature		6.  Signature _____ Date <u>10/21/99</u> Name (Typed or Printed) <u>DAVID D. SONNE</u> Title <u>Pres.</u>	
ISSUED: 10-01-1999		1505	