

No. **C 72981****Due no later than May 31, 2001****Annual Report Form**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**JAN D. LARCOM, M.D., P.A.
JAN LARCOM, M.D.
221 NORTH WOODRUFF

IDAHO FALLS, ID 83401

2. Registered Agent and Office NO PO BOXJAN LARCOM, M.D.
221 NORTH WOODRUFF

IDAHO FALLS, ID 83401

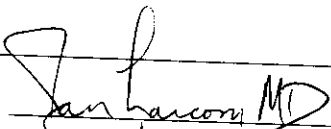
3. New Registered Agent Signature**NO FILING FEE IF
RECEIVED BY DUE DATE****4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	JAN LARCOM, MD	200 221 N WOODRUFF	IDAHO FALLS	ID	83401
SECRETARY	MARTY LARCOM	2050 BELMONT	IDAHO FALLS	ID	83404

5. Organized Under the Laws of:IDAHO
C 72981**6.**

Signature

Name (Typed or Printed)


JAN LARCOM, MD

Date

Title:

~~XXXX~~

9 MAR 01

PRESIDENT

Issued 03/01/2001

Do Not Tape or Staple

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