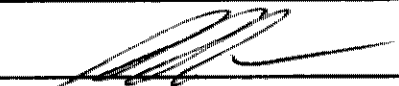
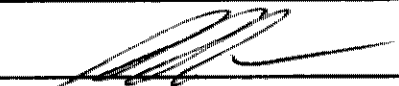
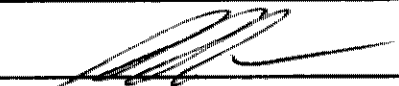


No. C100671	Annual Report Form 1999 <i>Due No Later Than November 30.</i>		2. Registered Agent and Office NOT A P.O. BOX SHAUNA T WILLIAMS MD 901 CURTIS RD STE 303 BOISE ID 83706																														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, if Not Correct SHAUNA T. WILLIAMS, M.D., P. SHAUNA T WILLIAMS MD 901 CURTIS RD STE 303 BOISE ID 83706		3. Organized Under the Laws of: ID C100671																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Shauna T. Williams, M.D.</td> <td>901 N. Curtis Rd #303</td> <td>Boise</td> <td>Id</td> <td>83706</td> </tr> <tr> <td>Secretary</td> <td>Richard N. Williams</td> <td>510 Clearcreek Dr.</td> <td>Meridian,</td> <td>Id.</td> <td>83642</td> </tr> <tr> <td>Directors:</td> <td>Shauna T. Williams</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Richard N. Williams</td> <td></td> <td></td> <td></td> <td></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	Shauna T. Williams, M.D.	901 N. Curtis Rd #303	Boise	Id	83706	Secretary	Richard N. Williams	510 Clearcreek Dr.	Meridian,	Id.	83642	Directors:	Shauna T. Williams						Richard N. Williams				
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5. Signature of New Registered Agent		6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 40%;">Signature </td> <td style="width: 20%;">Date <u>8/5/99</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Shauna T. Williams, M.D.</u></td> <td>Title <u>President</u></td> </tr> </table>		Signature 	Date <u>8/5/99</u>	Name (Typed or Printed) <u>Shauna T. Williams, M.D.</u>	Title <u>President</u>																										
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ISSUED: 07-03-1999

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