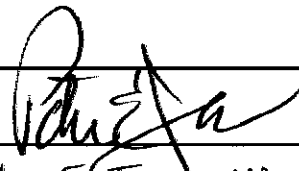


No. C129131	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct		PETER E JENSEN MD 1615 12TH AVE RD NAMPA ID 83686												
	PETER E. JENSEN, M.D., P.A. 1615 12TH AVE RD NAMPA ID 83686		3. Organized Under the Laws of: ID C129131												
	** FINAL NOTICE ** 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Peter E Jensen MD</td> <td>1615-12th Ave Rd Suite A</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Peter E Jensen MD	1615-12th Ave Rd Suite A	Nampa	ID
Office held	Name	Street or P.O. Address	City	State	Zip										
President	Peter E Jensen MD	1615-12th Ave Rd Suite A	Nampa	ID	83686										
5. <u>New</u> Registered Agent Signature		6. <input checked="" type="checkbox"/> Signature  Date 10-15-99 Name (Typed or Printed) Peter E Jensen MD Title President													

ISSUED: 10-01-1999

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