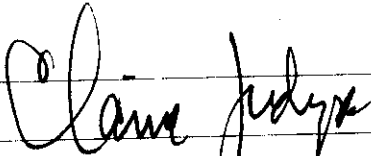


<b>No. C 143842</b>	<b>Due no later than May 31, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b> CLAINE JUDY 755 HOSPITAL WAY STE A POCATELLO, ID 83201												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable JUDY, PC CLAINE JUDY 755 HOSPITAL WAY STE A POCATELLO, ID 83201		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>Director</td> <td>Claine D. Judy</td> <td>755 Hospital Way Ste A-5</td> <td>Pocatello</td> <td>ID</td> <td>83201</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>	Director	Claine D. Judy	755 Hospital Way Ste A-5	Pocatello	ID	83201
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Director	Claine D. Judy	755 Hospital Way Ste A-5	Pocatello	ID	83201										
5. Organized Under the Laws of: IDAHO C 143842		6. Signature  Date <b>3-25-04</b> Name (Type or Printed) <b>Claine D. Judy D.O.</b> Title <b>Director</b>													