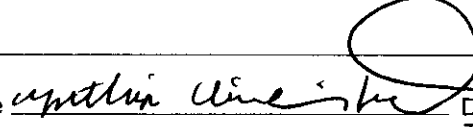


<b>No. W 7197</b>	<b>Due no later than Oct 31, 2000</b>		<b>2. Registered Agent and Office NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b> <b>1. Mailing Address - Correct in this box, if applicable</b> IDAHO ENDOCRINE SPECIALISTS, PLLC CYNTHIA CLINKINGBEARD MD 1000 N CURTIS RD #102  BOISE, ID 83706		KIM ORMSETH/STOEL RIVES 101 S CAPITAL BLVD 19TH FL  BOISE, ID 83702																		
	3. <u>New</u> Registered Agent Signature																				
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b>  <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>member</td> <td>Cynthia Clinkingbeard, M.D.</td> <td>4199 N. LaFontana</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>member</td> <td>Richard Christensen, M.D.</td> <td>2356 Parkside Dr.</td> <td>Boise</td> <td>ID</td> <td>83712</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>	member	Cynthia Clinkingbeard, M.D.	4199 N. LaFontana	Boise	ID	83702	member	Richard Christensen, M.D.	2356 Parkside Dr.	Boise	ID	83712
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<b>5. Organized Under the Laws of:</b>  IDAHO W 7197	<b>6.</b> Signature  Date <u>8.8.00</u> Name <small>(Typed or Printed)</small> <u>Cynthia Clinkingbeard, M.D.</u> Title: <u>member</u>																				

Issued 08/01/2000

**Do Not Tape or Staple**

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