		2. Registered Agent and Office NO PO BOX
No. W 22278	Due no later than Jan 31, 2004 Annual Report Form	KAREN A THYKESON 136929 N MCCORMICK TRAIL
eturn to: SECRETARY OF STATE 700 WEST JEFFERSON	Annual Report Form 1 Mailing Address - Correct in this box of applicable KAREN A. THYKESON, M.D., P.L.L.C. PO Box 1090	ID 93835
PO BOX 83720 BOISE, ID 83720-0080	HAYDEN, ID 83835	3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE	nies: Enter Names and Addresses of Members.	City State Zip
Office held Name	1	1D 83835
Maren Haren member Karen	A Thykeson PO Box 1040	
5. Organized Under the Laws of	of: 6. Signature / Cercen A	Thykeron Date 1-21-04 ykeson Title member
IDAHO W 22278	Name Printed Taren H. 114	4 100
1 04/15/201	Do Not Tape or Staple	the state of the s