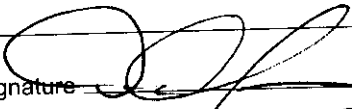


No. C 126458	Due no later than Nov 30, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX DAVID DEAN SONNE 714 CANYON RIM RD TWIN FALLS, ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DAVID DEAN SONNE, M.D., P.C. DAVID DEAN SONNE 714 CANYON RIM RD TWIN FALLS, ID 83301		3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	DAVID SONNE	714 CANYON RIM RD	TWIN FALLS	ID	83301

5. Organized Under the Laws of: IDAHO C 126458	6.  Signature _____ Date <u>10/15/01</u> Name (Typed or Printed) <u>DAVID DEAN SONNE</u> Title _____
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