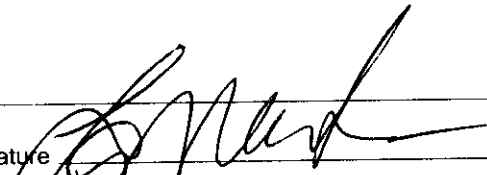


No. C 142256	Due no later than January 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX LARRY L MARTENS 660 SHOSHONE ST EAST 2650 Longbow TWIN FALLS, ID 83301												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address <small>Correct in this box, if applicable</small> LARRY L. MARTENS, M.D., P.C. LARRY L MARTENS 660 SHOSHONE ST EAST 2650 Longbow Drive TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Larry L Martens</td> <td>2650 Longbow Dr.</td> <td>Twin Falls</td> <td>Id</td> <td>83301</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>	President	Larry L Martens	2650 Longbow Dr.	Twin Falls	Id	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Larry L Martens	2650 Longbow Dr.	Twin Falls	Id	83301									
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 142256</div>	6.  Signature _____ Date <u>11/20/03</u> Name <small>(Typed or Printed)</small> <u>Larry L Martens</u> Title <u>Pres</u>													