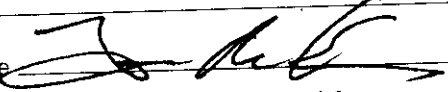


No. C 148688	Due no later than April 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WORTHAM FAMILY CLINIC, P.C. 8 SOUTH 1ST WEST PRESTON, ID 83263		TRAVIS KUNZ 955 N FAIRWAY DR PRESTON, ID 83263																		
			3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>PRESIDENT</td> <td>REX E WORTHAM</td> <td>145 GAMBLE AVE</td> <td>PRESTON</td> <td>ID</td> <td>83263</td> </tr> <tr> <td>SECRETARY</td> <td>LORE WORTHAM</td> <td>145 GAMBLE AVE</td> <td>PRESTON</td> <td>ID</td> <td>83263</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	REX E WORTHAM	145 GAMBLE AVE	PRESTON	ID	83263	SECRETARY	LORE WORTHAM	145 GAMBLE AVE	PRESTON	ID	83263
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5. Organized Under the Laws of: IDAHO C 148688	6. Signature  Date <u>2/23/04</u> Name (Typed or Printed) <u>TRAVIS M. KUNZ</u> Title <u>CPA - Reg. Agent</u>																				