

No. C 73778

Due no later than September 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

1. Mailing Address - Correct in this box, if applicable

UROLOGIC CLINIC OF BOISE, P.A.  
~~999 N. CURTIS RD. #302~~  
~~BOISE, ID 83706~~

125 E Idaho  
Boise ID 83714

DAVID B RICE  
999 NO. CURTIS RD. #302  
BOISE, ID 83706

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

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

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	David B Rice	125 E. Idaho	Boise	ID	83714

5. Organized Under the Laws of:

IDAHO  
C 73778

6.

Signature

*David B Rice*

Date

28 Sept 04

Name (Typed or Printed)

David B Rice

Title

Pres.