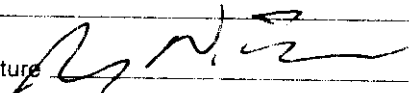


No. C 66636 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than May 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable MICHAEL NICHOLS, M.D., P.A. MICHAEL NICHOLS, M.D. 135 HORIZON CIRCLE BOISE, ID 83702 P.O. Box 1694 Boise, ID 83701	2. Registered Agent and Office NO PO BOX MICHAEL NICHOLS, M.D. 135 HORIZON CIRCLE BOISE, ID 83702 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>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Michael Nichols</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secy.</td> <td>Bobbi Nichols</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Michael Nichols					Secy.	Bobbi Nichols				
Office held	Name	Street or P.O. Address	City	State	Zip															
Pres.	Michael Nichols																			
Secy.	Bobbi Nichols																			
5. Organized Under the Laws of: IDAHO C 66636	6. Signature  Date 3/15/05 Name (Typed or Printed) M Nichols Title Pres																			

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