

No. C 141924

Due no later than December 31, 2004
Annual Report Form

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

ALLEN J. SINCLAIR, M.D., P.A.
~~8080 BOEHM ESTATES~~ 4161 Creekview Dr
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

ALLEN J SINCLAIR MD
~~8080 BOEHM ESTATES~~
TWIN FALLS, ID 83301

3. New Registered Agent Signature

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

Office held Name

Street or P.O. Address

City

State

Zip

Pres Allen J. Sinclair 4161 Creekview Dr. TWIN FALLS, ID 83301
cc/trea Margaret Sinclair

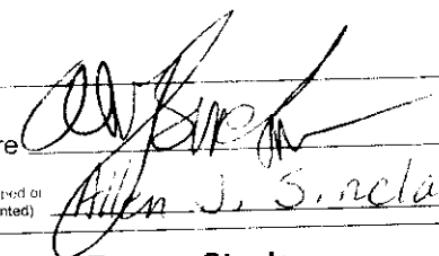
5. Organized Under the Laws of:

IDAHO
C 141924

6.

Signature

Name (Typed or Printed)



Date

11/17/04

Title

Pres