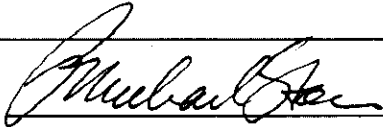


No. C125592	Annual Report Form <i>Due No Later Than November 30,</i>		1999	2. Registered Agent and Office NOT A P.O. BOX P MICHAEL STONE, M.D. RT 1, BOX 206 ST MARIES ID 83861
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct BENEWAH EMERGENCY PHYSICIAN P MICHAEL STONE, M.D. RT 1, BOX 206		3. Organized Under the Laws of: ID C125592	
	ST MARIES ID 83861			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
<i>President</i>	<i>P. Michael Stone</i>	<i>PO BOX 484</i>	<i>St Maries</i>	<i>ID</i>
<i>Secretary</i>	<i>Richard Thurston</i>	<i>"</i>	<i>"</i>	<i>"</i>
5. Signature of New Registered Agent		6. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> Date <u>8/12/99</u> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;"> Name (Typed or Printed) <u>P. Michael Stone MD</u> </div> <div style="text-align: center;"> Title _____ </div> </div>		

ISSUED: 07-03-1999

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