

No. C 160709	Due no later than May 31, 2006 Annual Report Form		2. Registered Agent and Address (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 needed. GEAUXMED, P.C. SHARON WESTBROOK 1402 HARRISON BOISE ID 83702		SHARON WESTBROOK MD 1402 HARRISON BOISE ID 83702			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SHARON WESTBROOK	1402 HARRION	BOISE	ID	USA	83702
DIRECTOR	JAMES GUYTON	1402 HARRISON	BOISE	ID	USA	83702
5. Organized Under the Laws of: IDAHO C 160709	6. Annual Report must be signed.* Signature: SHARON WESTBROOK Name (type or print): SHARON WESTBROOK		Date: 05/16/2006 Title: PRESIDENT			
Processed 05/16/2006		* Electronically provided signatures are accepted as original signatures.				