

No. <b>C 61280</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i> <b>1999</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address Please Correct, If Not Correct		<b>F. LAMARR HEYREND, M.D.</b> <del>335</del> <b>N. ALLUMBAUGH</b> <b>411</b> <b>BOISE</b> ID <b>83704</b>
	<b>F. LAMARR HEYREND, M.D., P.A.</b> <b>F. LAMARR HEYREND, M.D.</b> <del>335</del> <b>N. ALLUMBAUGH</b> <b>BOISE</b> ID <b>83704</b>		3. Organized Under the Laws of:  ID <b>C 61280</b>

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of  **Managers** or  **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	F. La Marr Heyrend, M.D.	411 N. Allumbaugh	Boise,	Idaho	83704

5. Signature of New Registered Agent	6. <table border="1"> <tr> <td>Signature <u><i>F. La Marr Heyrend</i></u></td> <td>Date <u>8/3/99</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>F. La Marr Heyrend, M.D.</u></td> <td>Title <u>Owner</u></td> </tr> </table>	Signature <u><i>F. La Marr Heyrend</i></u>	Date <u>8/3/99</u>	Name (Typed or Printed) <u>F. La Marr Heyrend, M.D.</u>	Title <u>Owner</u>
Signature <u><i>F. La Marr Heyrend</i></u>	Date <u>8/3/99</u>				
Name (Typed or Printed) <u>F. La Marr Heyrend, M.D.</u>	Title <u>Owner</u>				

**ISSUED: 07-03-1999**

**21809**