

No. C 64861	Due no later than September 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX MICHAEL P CHRISTENSEN 2271 IRONWOOD CENTER DR COEUR D'ALENE, ID 83814																		
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 COEUR D'ALENE PLASTIC AND RECONSTRU MICHAEL P CHRISTENSEN 2271 IRONWOOD CENTER DR COEUR D'ALENE, ID 83814		3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>C.E.O. MICHAEL P. CHRISTENSEN</td> <td></td> <td></td> <td></td> <td>83814</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> MICHAEL P. CHRISTENSEN M.D. 2271 IRONWOOD CENTER DRIVE COEUR D'ALENE, IDAHO 83814 208-667-8899				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		C.E.O. MICHAEL P. CHRISTENSEN				83814						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
	C.E.O. MICHAEL P. CHRISTENSEN				83814																
5. Organized Under the Laws of: IDAHO C 64861	6. Signature <u>Michael P. Christensen</u> md Date <u>07-10-2003</u> Name (Typed or Printed) <u>MICHAEL P. CHRISTENSEN</u> Title <u>C.E.O</u>																				