	Due no later than Jun 30, 2001	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this basis	THOMAS M. BECK M.D.
700 WEST JEFFERSON	TOTAL OF THE PARTY	100 EAST IDAHO ST
PO BOX 83720	THOMAS M. BECK M.D.	
BOISE, ID 83720-0080	100 E IDAHO ST	BOISE, ID 83712
NO FILING FEE IF	BOISE, ID 83712	
RECEIVED BY DUE DATE	1 1 1 2 1 1 2 2 2 1 2	3. New Registered Agent Signature
4. Cornorations: Enter No.		
2 3. Porduons. Enter Na	ames and Business Addresses of President, Secreta	ary and Directors
Pres Thomas	as M. Back, M.V., P.A.	<u>State</u> <u>Zip</u>
11010	JO M. Decle, Mill, P.M.	
	100 E Idaho Bo	ise Id. 83712
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. Organized Under the Laws of:	6	
. Organized Under the Laws of:	6. May a 14 M	
IDAHO	6. Signat <u>ure</u> havash. Bzd	M. DAAR OU DOLO
	Signature havaoh. Bed	EM. DAGte 04/09/01
IDAHO C 76232	6. Signature havash. Bed	PA XIMA PAR
IDAHO	6. Signature hauash. Badi Name (Typed of HOMAs M Reck Mu) Do Not Tape or Staple	PA XXXXXX PCS