

No. C 113233	Due no later than Jan 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX WILLIAM H KREISLE 769 E BRAEMERE BOISE, ID 83702												
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 <small>Correct in this box if applicable</small> WILLIAM H. KREISLE, M.D., P.A. WILLIAM H KREISLE 769 E BRAEMERE BOISE, ID 83702	3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> President Secretary Director </td> <td style="vertical-align: top;"> William H Kreisle, M.D.P.A. </td> <td style="vertical-align: top;"> 769 E. Braemere </td> <td style="vertical-align: top;"> Boise, </td> <td style="vertical-align: top;"> Idaho </td> <td style="vertical-align: top;"> 83702 </td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President Secretary Director	William H Kreisle, M.D.P.A.	769 E. Braemere	Boise,	Idaho	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President Secretary Director	William H Kreisle, M.D.P.A.	769 E. Braemere	Boise,	Idaho	83702									
5. Organized Under the Laws of: IDAHO C 113233	6. Signature <u>W H Kreisle M.D.P.A.</u> Date <u>2/19/03</u> Name <small>(Typed or Printed)</small> <u>W. H. Kreisle M.D.P.A.</u> Title _____													