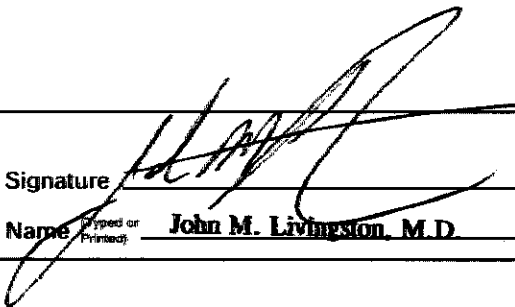


No. C100298	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct If Not Correct JOHN M. LIVINGSTON, M.D., P. JOHN M. LIVINGSTON, M.D. 101 S CAPITOL BLVD, SUITE 1900 BOISE ID 83702		DALE G HIGER 101 S CAPITOL BLVD, SUITE BOISE ID 83702
			3. Organized Under the Laws of: ID C100298

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	John M. Livingston, M.D.	999 N. Curtis Rd., Ste 415	Boise	ID	83706
Secretary/Treasurer	Linda Livingston	999 N. Curtis Rd., Ste 415	Boise	ID	83706

5. Signature of New Registered Agent	6.	
	Signature  Name Typed or Printed John M. Livingston, M.D.	Date 11/1/98 Title President

ISSUED: 07-03-1999

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