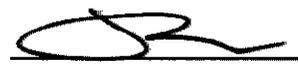


No. C118311	Annual Report Form <i>Due No Later Than November 30,</i> 1999	2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address - Please Correct, If Not Correct MD4 CLINICAL RESEARCH, INC. ANDREA M POGUE 6565 W EMERALD ST BOISE ID 83704	BRYAN C POGUE, M.D. 6565 W EMERALD ST BOISE ID 83704 3. Organized Under the Laws of: ID C118311																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Bryan C. Pogue MD</td> <td>6565 W. Emerald</td> <td>Boise</td> <td>ID</td> <td>83304</td> </tr> <tr> <td>Secretary</td> <td>Andrea Pogue</td> <td>6565 W. Emerald</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Bryan C. Pogue MD	6565 W. Emerald	Boise	ID	83304	Secretary	Andrea Pogue	6565 W. Emerald	Boise	ID	83704
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5. Signature of New Registered Agent	6. Signature  Date <u>8/23/99</u> Name (Typed or Printed) <u>Bryan C. Pogue MD</u> Title <u>President</u>																			

ISSUED: 07-03-1999

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