



No. <b>C122859</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1999</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>G. ADRIAN DEAN, MD</b> <b>488 BLUE LAKES BLVD</b>  <b>TWIN FALLS ID 83301</b>  3. Organized Under the Laws of:  <b>ID C122859</b>		
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>G. ADRIAN DEAN, MD., P.A.</b> <b>G ADRIAN DEAN Ste 106</b> <b>488 BLUE LAKES BLVD</b>  <b>TWIN FALLS ID 83301</b>				
<b>* FIRST NOTICE *</b>					
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)					
<u>Office held</u> <b>Pres</b>	<u>Name</u> <b>G. Adrian Dean</b> <b>M.D. Inc.</b>	<u>Street or P.O. Address</u> <b>488 BlueLakes Blvd. North</b> <b>" "</b>	<u>City</u> <b>Twin Falls</b> <b>" "</b>	<u>State</u> <b>ID</b> <b>" "</b>	<u>Zip</u> <b>83301</b> <b>" "</b>
5. Signature of New Registered Agent 			6. Signature  Date <b>7/12/99</b> Name (Typed or Printed) <b>G. Adrian Dean, MD.</b> Title <b>Pres.</b> <b>Inc.</b>		

ISSUED: 07-03-1999

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