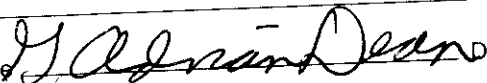


| No. C 122859 | Due no later than February 29, 2004 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | |
|--|---|--|---|--------------------|-------------|-------------------------------|-------------|--------------|------------|-----------|----------------------|----------------|------------|----|-------|
| 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 - Correct in this box, if applicable G. ADRIAN DEAN, M.D., P.A. G ADRIAN DEAN 390 FALLS AVE TWIN FALLS, ID 83301 | | G ADRIAN DEAN MD 390 FALLS AVE TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>G. Adrian Dean, M.D.</td> <td>390 Falls Ave.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</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 | G. Adrian Dean, M.D. | 390 Falls Ave. | Twin Falls | ID | 83301 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | |
| President | G. Adrian Dean, M.D. | 390 Falls Ave. | Twin Falls | ID | 83301 | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 122859 | | 6. Signature  Date 12-23-03 Name <small>(Typed or Printed)</small> G. Adrian Dean, M.D. Title President | | | | | | | | | | | | | |