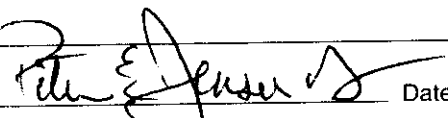


No. C 129131	Due no later than June 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		PETER E JENSEN MD 1615 12TH AVE RD NAMPA, ID 83686 3. <u>New</u> Registered Agent Signature												
	PETER E. JENSEN, M.D., P.A. 1615 12TH AVE RD NAMPA, ID 83686														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <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>Peter E Jensen MD.</td> <td>6216 Viewbrylane</td> <td>Nampa</td> <td>ID</td> <td>83696</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	Peter E Jensen MD.	6216 Viewbrylane	Nampa	ID	83696
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Peter E Jensen MD.	6216 Viewbrylane	Nampa	ID	83696										
5. Organized Under the Laws of: IDAHO C 129131	6. Signature  Date 4/10 Name (Typed or Printed) Peter E Jensen MD Title president														

Issued 04/03/2006

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