

No. <b>C 73046</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>MICHAEL K. PARENT</b> <b>307 ST. JOHN'S WAY</b>  <b>LEWISTON ID 83501</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address Please Correct if Not Correct  <b>MICHAEL K. PARENT, M.D., P.A.</b> <b>MICHAEL K. PARENT</b> <b>307 ST. JOHN'S WAY</b>  <b>LEWISTON ID 83501</b>		3. Organized Under the Laws of:  <b>ID C 73046</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>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
<i>President</i>	<i>MICHAEL K PARENT</i>	<i>307 ST JOHN'S WAY</i>	<i>LEWISTON Id 83501</i>
5. Signature of New Registered Agent		6. Signature <u><i>Michael K Parent</i></u> Date <u><i>7/22/99</i></u> Name <small>(Typed or Printed)</small> _____ Title _____	

ISSUED: 07-03-1999

11972