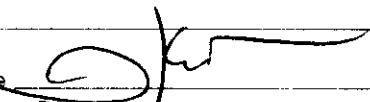


No. C 96432	Due no later than October 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DAVID A. KENT, M.D., CHARTERED DAVID A KENT MD 339 NORTH ALLUMBAUGH BOISE, ID 83704		DAVID A KENT MD 339 NORTH ALLUMBAUGH BOISE, ID 83704 3. <u>New</u> Registered Agent Signature																		
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>David Kent MD</td> <td>339 N Allumbaugh</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Secretary</td> <td>Carol Kent</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</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	David Kent MD	339 N Allumbaugh	BOISE	ID	83704	Secretary	Carol Kent	" "	" "	" "	" "
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
President	David Kent MD	339 N Allumbaugh	BOISE	ID	83704																
Secretary	Carol Kent	" "	" "	" "	" "																
5. Organized Under the Laws of: IDAHO C 96432	6. Signature  Date _____ Name (Type or Printed) <u>David Kent MD</u> Title <u>Owner</u>																				