

No. <b>C 122859</b>	<b>Due no later than February 28, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>		G ADRIAN DEAN MD 390 FALLS AVE TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature												
	G. ADRIAN DEAN, M.D., P.A. G ADRIAN DEAN 390 FALLS AVE TWIN FALLS, ID 83301														
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 <u>G. Adrian Dean MD</u> Date <u>12-8-2005</u> Name <small>(Typed or Printed)</small> <u>G. Adrian Dean, M.D.</u> Title <u>President</u>													

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