

No. <b>C 103094</b>	<b>Due no later than August 31, 2005</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>  PALOUSE-CLEARWATER NEUROLOGY P.A. BARBARA D MORGAN 619 S WASHINGTON #201 MOSCOW, ID 83843		<del>DEBORAH SPERLINE</del> 619 S WASHINGTON #201 MOSCOW, ID 83843 Sharon CLARK												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			3. New Registered Agent Signature												
<table border="1"> <thead> <tr> <th data-bbox="316 440 535 471"><u>Office held</u></th> <th data-bbox="535 440 819 471"><u>Name</u></th> <th data-bbox="819 440 1321 471"><u>Street or P.O. Address</u></th> <th data-bbox="1321 440 1517 471"><u>City</u></th> <th data-bbox="1517 440 1714 471"><u>State</u></th> <th data-bbox="1714 440 1867 471"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="316 471 535 533">President</td> <td data-bbox="535 471 819 533">Barbara Morgan, MD</td> <td data-bbox="819 471 1321 533">619 S. Washington #201</td> <td data-bbox="1321 471 1517 533">Moscow, Id</td> <td data-bbox="1517 471 1714 533"></td> <td data-bbox="1714 471 1867 533">83843</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	Barbara Morgan, MD	619 S. Washington #201	Moscow, Id		83843
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Barbara Morgan, MD	619 S. Washington #201	Moscow, Id		83843										
5. Organized Under the Laws of:  IDAHO C 103094	6. Signature <u>Barbara Morgan</u> Date <u>6-8-05</u> Name <small>(Typed or Printed)</small> <u>Barbara D. Morgan, MD</u> Title <u>President</u>														

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