	Due no later than Oct 31, 2000	
Return to: SECRETARY OF STATE	Annual Report Form  1. Mailing Address - Correct in this box, if applicable	Registered Agent and Office NO PO BOX     WILLIAM G. BERGQUIST, M.D.
700 WEST JEFFERSON PO BOX 83720	WILLIAM G. BERGQUIST, M.D., P.A. WILLIAM G. BERGQUIST, M.D.	1075 N CURTIS STE 101
BOISE, ID 83720-0080	1075 N CURTIS RD STE 101	BOISE, ID 83706
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE, ID 83706	3. New Registered Agent Signature
Corporations: Enter Na	mes and Business Addresses of President Sec	retay and Disaste
Office held Name  PRICE   Will	Street or P.O. Address  Am Color Colors  Am Color Color Colors  Am Color	City State Zip  1 Carl 5 Row ZD  6, 83706
Organized Under the Laws of: IDAHO C 90579 Issued 08/01/2000	6. Signature Al Se Name (Typed or Will, am G. Be	Date 5/8/00 / Title: