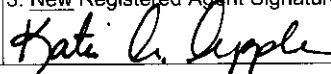
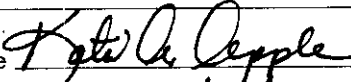
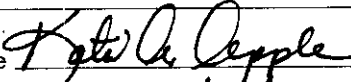
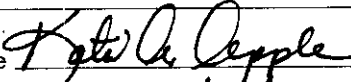


<b>No. C 85268</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Nov 30, 2001 Annual Report Form</b>  <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> JEFFERSON STREET MEDICAL CENTER OWN <del>BARRY L COOK</del> <b>KATIE APPLE</b> 305 E. JEFFERSON, SUITE 101  BOISE, ID 83712	2. Registered Agent and Office <b>NO PO BOX</b>  <del>ROBERT BISHOP</del> <b>KATIE APPLE</b> 305 E. JEFFERSON, SUITE 101  BOISE, ID 83712  3. <u>New</u> Registered Agent Signature 																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Director</td> <td>Larry D. Bishop, MD</td> <td>305 E. Jefferson, Suite 101</td> <td>Boise</td> <td>ID</td> <td>83712</td> </tr> <tr> <td style="vertical-align: top;">Director</td> <td>David B Crane, MD</td> <td>305 E. Jefferson, Suite 102</td> <td>Boise</td> <td>ID</td> <td>83712</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Director	Larry D. Bishop, MD	305 E. Jefferson, Suite 101	Boise	ID	83712	Director	David B Crane, MD	305 E. Jefferson, Suite 102	Boise	ID	83712
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5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO C 85268</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           Signature  </td> <td style="width: 50%;">           Date <u>11/6/01</u> </td> </tr> <tr> <td>           Name (Typed or Printed) <u>Katie A. Apple</u> </td> <td>           Title <u>Clinic Administrator</u> </td> </tr> </table>		Signature 	Date <u>11/6/01</u>	Name (Typed or Printed) <u>Katie A. Apple</u>	Title <u>Clinic Administrator</u>														
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