

| No. C 74015 | Due no later than Oct 31, 2000 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 UROLOGY, P.A. E. MANLEY BRIGGS, M.D. 333 NORTH FIRST STREET #100 BOISE, ID 83702 | | E. MANLEY BRIGGS, M.D. 333 N. 1ST, SUITE 100 BOISE, ID 83702 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>Cynthia A Fairfax</td> <td>MD.</td> <td rowspan="2">}</td> <td rowspan="2">same as above</td> <td rowspan="2"></td> </tr> <tr> <td>Sec</td> <td>E. Manley Briggs.</td> <td>MD</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 | Cynthia A Fairfax | MD. | } | same as above | | Sec | E. Manley Briggs. | MD |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | |
| President | Cynthia A Fairfax | MD. | } | same as above | | | | | | | | | | | | | | |
| Sec | E. Manley Briggs. | MD | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 74015 | | 6. Signature <u>M. Kline</u> Date <u>10-6-00</u> Name <small>(Typed or Printed)</small> <u>M. Kline</u> Title: XXXX | | | | | | | | | | | | | | | | |

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