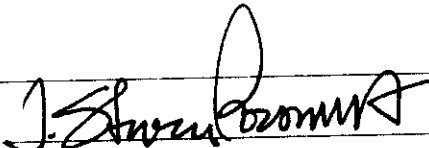


No. C 100923	Due no later than February 28, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX THEODORE STEVEN ROOSEVELT 4776 N FIVE MILE RD STE 103 BOISE, ID 83713																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IDAHO DIABETES AND ENDOCRINE ASSOCI THEODORE STEVEN ROOSEVELT 4776 N FIVE MILE RD STE 103 BOISE, ID 83713		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; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P O Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>T. Steven Roosevelt, MD</td> <td>4776 N. 5-mile Rd Suite 103</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> <tr> <td>Secretary</td> <td>Tammy S. Roosevelt</td> <td>4776 N. 5-mile Rd Suite 103</td> <td>Boise</td> <td>ID</td> <td>83713</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	T. Steven Roosevelt, MD	4776 N. 5-mile Rd Suite 103	Boise	ID	83713	Secretary	Tammy S. Roosevelt	4776 N. 5-mile Rd Suite 103	Boise	ID	83713
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5. Organized Under the Laws of: IDAHO C 100923		6. Signature  Name (Typed or Printed) <u>T. Steven Roosevelt, MD</u>																			
		Date <u>12/16/2004</u> Title <u>President</u>																			