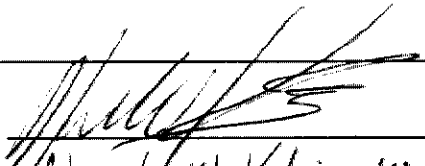


No. C 50474	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct NOAH W. KLEIN, M.D., P.A. NOAH W. KLEIN, M.D. 4747 JOHNNY CREEK RD POCATELLO ID 83204		NOAH W. KLEIN, M.D. 4747 JOHNNY CREEK RD POCATELLO ID 83204
** FINAL NOTICE **	POCATELLO ID 83204		ID C 50474
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u> Noah W. Klein, M.D. 4747 Johnny Creek Pocatello ID 83204 RD.
5. <u>New</u> Registered Agent Signature		6. Signature  Date 11-2-99 Name (Typed or Printed) Noah W. Klein, M.D. Title Registered Agent Manager	

ISSUED: 10-01-1999

534