

No. C 54751	Due no later than December 31, 2003 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 VALLEY EAR, NOSE, AND THROAT GROUP, COLIN S DOYLE 330 WARNER DRIVE LEWISTON, ID 83501		COLIN S. DOYLE, M.D. 330 WARNER DRIVE LEWISTON, ID 83501 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Colin S. Doyle</td> <td>330 Warner Dr</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Colin S. Doyle	330 Warner Dr	Lewiston	ID	83501
Office held	Name	Street or P.O. Address	City	State	Zip										
Pres	Colin S. Doyle	330 Warner Dr	Lewiston	ID	83501										
5. Organized Under the Laws of: IDAHO C 54751	6. Signature <u>Richard H. Young</u> <i>office manager</i> Date <u>11-3-03</u> Name (Typed or Printed) <u>Richard H. Young</u> Title <u>office manager</u>														