No. C 64275	Due no later than July 31, 2004 Annual Report Form 1. Mading Address - Correct in this box, if applicable LEWISTON EMERGENCY PHYSICIANS, CHAR JAY HUNTER 123 SOUTH POLK MOSCOW, ID 83843		2. Registered Agent and Office NO PO BOX JAY HUNTER 123 SOUTH POLK MOSCOW, ID 83843 3. New Registered Agent Signature	
Return to: SECRETARY OF STATE				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 LEV JAV 123				
NO FILING FEE IF RECEIVED BY DUE DATE				
 Corporations: Enter Names ar 	d Business Addresses of Pres	sident, Secretary	and Directors.	
Office held Name	Street or P.O. Address	City	State	Zip
presidua JAY HAMPER	123 5 Pak	Morion	70	83843
presided JAY HAMPER Ma-pres BRIAN MOCUM	2626 Riverside An	classym	WA	99403
uc-pre DAVID LENDRU	c 548 Put St.	Lews ten		83571
Ma-por DANIO HENDRU Ma-proy MATTHEW LYGA	E Rti, Box 69A	Julietk	FP	83501
5. Organized Under the Laws of: IDAHO C 64275	6. Signature	Ay HUNER	Date 5	16/oy
Issued 05/03/2004	Do Not Tape or St	1-11-1	1110	074842