······································	Due No Later Than November 30,	1	Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct		C. JONES, M.D.
700 WEST JEFFERSON	PETER C. JONES, M.D., P.A.	2121	IRONWOOD CENTER DR
PO BOX 83720 BOISE, ID 83720-0080	PETER C. JONES, M.D.	COEUR	D*ALEN ID 83814
NO FEE REQUIRED	2121 IRONWOOD CENTER DRIVE	3. Organized	Under the Laws of:
* FIRST NOTICE *	COEUR D'ALENE ID 83814	ID	
Corporations: Enter Names and E Limited Liability Companies: Enter	Business Addresses of President, Secretary and Directors or Names and Addresses of Managers or Members	s (check one)	
Office held Name	Street or P.O. Address	City	State Zip
PRESMENT /	CJONES 3375 WALKERS Bry Rd	N	Bleve 1) 83814
SECRETARY POLOD	CJONES 3375 WALKERS	Coevi	By +1) P3B14
MEMSUNUN (Grey or		
Cincolar (N. C.)			
Signature of New Registered /	Agent 6. Signature	Da	ate 7 /20/98
Signature of New Registered /	Signature X		
Signature of New Registered A	Signature Name (Typed or Printed) Name (Typed or Printed)		tle <u>PRESIDENT</u>
	Signature X XX Name (Typed or Deter C		tle PRESIDENT.
	Signature Name (Typed or Printed) Name (Typed or Printed)		tle PRESIDENT.
	Signature Name (Typed or Printed) Name (Typed or Printed)		tle PRESIDENT.