

No. W 8694	Due no later than May 31, 2002 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 INTEGRATIVE MEDICAL TECHNOLOGIES, L SANDRA PRESCOTT 140 S BROADWAY BLACKFOOT, ID 83221	SANDRA PRESCOTT 1196 W 600 S PINGREE, ID 83262 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"><i>Managing Partner</i></td> <td style="vertical-align: top;"><i>Sandra Prescott</i></td> <td style="vertical-align: top;"><i>1196 W 600 S</i></td> <td style="vertical-align: top;"><i>Pingree</i></td> <td style="vertical-align: top;"><i>Idaho</i></td> <td style="vertical-align: top;"><i>83262</i></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>	<i>Managing Partner</i>	<i>Sandra Prescott</i>	<i>1196 W 600 S</i>	<i>Pingree</i>	<i>Idaho</i>	<i>83262</i>
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5. Organized Under the Laws of: IDAHO W 8694	6. Signature <u><i>Sandra Prescott</i></u> Date <u><i>3/26/02</i></u> Name <small>(Typed or Printed)</small> <u><i>Sandra Prescott</i></u> Title <u><i>Owner</i></u>													