

<b>No. C 108735</b>	<b>Due no later than December 31, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  IDAHO NEUROLOGICAL SURGERY, P.A. 222 N 2ND ST SUITE 307 BOISE, ID 83702		DOUGLAS E SMITH STE 307 222 N 2ND ST BOISE, ID 83702  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><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT &amp; OWNER</td> <td>DOUGLAS E. SMITH</td> <td>222 N. 2<sup>ND</sup> ST., SUITE 307</td> <td>BOISE</td> <td>ID</td> <td>83702</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>	PRESIDENT & OWNER	DOUGLAS E. SMITH	222 N. 2 <sup>ND</sup> ST., SUITE 307	BOISE	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
PRESIDENT & OWNER	DOUGLAS E. SMITH	222 N. 2 <sup>ND</sup> ST., SUITE 307	BOISE	ID	83702											
5. Organized Under the Laws of:  IDAHO C 108735		6. Signature <u>Douglas E. Smith</u> Date <u>10/8/04</u> Name <small>(Typed or Printed)</small> <u>DOUGLAS E. SMITH</u> Title <u>PRESIDENT</u>														