

No. C 108735		Due no later than December 31, 2004 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		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	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT + OWNER	DOUGLAS E. SMITH	222 N. 2 nd St., SUITE 307	BOISE	ID	83702
5. Organized Under the Laws of: IDAHO C 108735		6. Signature _____ Name (Typed or Printed) <u>DOUGLAS E. SMITH</u> Date <u>10/8/04</u> Title <u>PRESIDENT</u>			