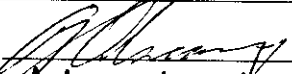


No. W 15548	Due no later than Jun 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ORTHOPEDIC SURGERY AND SPORTS MEDIC 910 IRONWOOD DR COEUR D ALENE, ID 83814		ADAM J OLSCAMP MD 910 IRONWOOD DR COEUR D ALENE, ID 83814												
			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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</td> <td>Adam Olscamp</td> <td colspan="4">Same as above</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	Adam Olscamp	Same as above			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Adam Olscamp	Same as above													
5. Organized Under the Laws of: IDAHO W 15548		6. Signature  Date _____ Name (Typed or Printed) <u>Adam J Olscamp</u> Title <u>MD</u>													