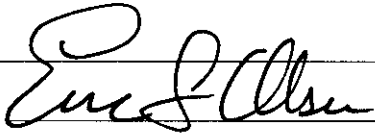


No. C 139032	Due no later than May 31, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable INTERMOUNTAIN NEUROSURGERY, P.A. ERIC L OLSEN Scott Huneycutt 201 E CENTER STE B 505 S. 11th Ave., Suite #504 POCA TELLO, ID 83204 83201	ERIC L OLSEN 201 E CENTER STE B POCA TELLO, ID 83204
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.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres./	Scott	500 S. 11th Ave.,	Pocatello,	ID	83201
Treas.	Huneycutt	Suite #504			
V.P./Sec.	Clark	500 S. 11th Ave.,	Pocatello,	ID	83201
	Allen	Suite #504			

5. Organized Under the Laws of: IDAHO C 139032	6. <div style="display: flex; justify-content: space-between;"> <div> Signature  Name <small>(Typed or Printed)</small> <u>Eric L. Olsen</u> </div> <div> Date <u>4/5/02</u> Title <u>Registered agent</u> </div> </div>
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