

No. W 15236	Due no later than May 31, 2002	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	Annual Report Form 1. Mailing Address - Correct in this box, if applicable PAIN MANAGEMENT OF NORTH IDAHO, PLL 1300 E MULLAN STE 600 POST FALLS, ID 83854	SCOTT MAGNUSON 1300 E MULLAN STE 600 POST FALLS, ID 83854 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width: 100%;"> <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>Manager/owner:</td> <td>Scott Magnuson</td> <td>1300 E. Mullan, Ste 600</td> <td>Post Falls,</td> <td>ID</td> <td>83854</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>	Manager/owner:	Scott Magnuson	1300 E. Mullan, Ste 600	Post Falls,	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager/owner:	Scott Magnuson	1300 E. Mullan, Ste 600	Post Falls,	ID	83854									
5. Organized Under the Laws of: IDAHO W 15236	6. Signature <u><i>Scott K Magnuson</i></u> Date <u>3/20/02</u> Name <small>(Typed or Printed)</small> <u>SCOTT K. Magnuson</u> Title <u>Owner</u>													