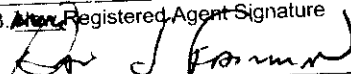
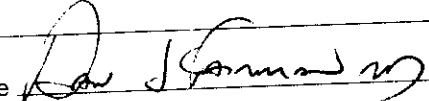


No. W 22684	Due no later than February 29, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DAN S. FAIRMAN M.D. L.L.C. PO BOX 433 SUN VALLEY, ID 83353		DAN S FAIRMAN 180 W FIRST ST STE 206 KETCHUM, ID 83340 3. Ann Registered Agent Signature 																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <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></td> <td colspan="5">Same as above —</td> </tr> <tr> <td></td> <td>Dan S Fairman MD</td> <td>Box 433</td> <td>Sun Valley</td> <td>ID</td> <td>83353</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>		Same as above —						Dan S Fairman MD	Box 433	Sun Valley	ID	83353
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
	Same as above —																				
	Dan S Fairman MD	Box 433	Sun Valley	ID	83353																
5. Organized Under the Laws of: IDAHO W 22684	6. Signature  Date 12.31.03 Name (Typed or Printed) Dan S Fairman MD Title																				