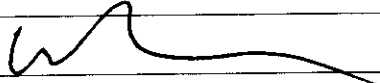
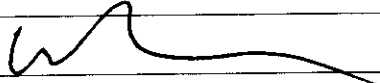
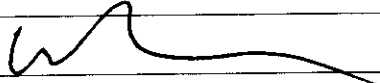


No. <b>W 11571</b>	<b>Due no later than Mar 31, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		RUTH C STEVENSPRICE 160 MAIN AVE N  TWIN FALLS, ID 83301																		
	IMPULSE MEDICAL L.L.C.  PO BOX 5172																				
	TWIN FALLS, ID 83303		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" data-bbox="171 408 1718 799"> <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>Manager</td> <td>William C. Fitzhugh</td> <td>609 Concordia Circle</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Manager</td> <td>Anthony J. Burns</td> <td>3085 Woodridge Drive</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</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	William C. Fitzhugh	609 Concordia Circle	Twin Falls,	ID	83301	Manager	Anthony J. Burns	3085 Woodridge Drive	Twin Falls,	ID	83301
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5. Organized Under the Laws of:  IDAHO W 11571	6. <table border="1" data-bbox="706 799 1718 954"> <tr> <td>Signature </td> <td>Date</td> <td>4-02-03</td> </tr> <tr> <td>Name (Typed or Printed) <u>Anthony J. Burns</u></td> <td>Title</td> <td><u>Member</u></td> </tr> </table>			Signature 	Date	4-02-03	Name (Typed or Printed) <u>Anthony J. Burns</u>	Title	<u>Member</u>												
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