

No. W 11571	Due no later than Mar 31, 2003 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 IMPULSE MEDICAL L.L.C. PO BOX 5172 TWIN FALLS, ID 83303	RUTH C STEVENS PRICE 160 MAIN AVE N TWIN FALLS, ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<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

5. Organized Under the Laws of: IDAHO W 11571	6. Signature _____ Name <small>(Typed or Printed)</small> <i>Anthony J. Burns</i>	Date <u>4.02-03</u> Title <u>Member</u>
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