

| <b>No. W 16799</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Due no later than Oct 31, 2002<br/>Annual Report Form</b>                                                                                                     |                               | <b>2. Registered Agent and Office NO PO BOX</b>                                                                                    |                    |             |                               |             |              |            |        |                             |                        |               |    |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|--------|-----------------------------|------------------------|---------------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                             | <b>1. Mailing Address - Correct in this box, if applicable</b><br><br>WILLIAM F. GANZ, P.L.L.C.<br><br>850 W IRONWOOD DR<br>SUITE 300<br>COEUR D ALENE, ID 83814 |                               | WILLIAM F GANZ<br>850 W IRONWOOD DR<br>SUITE 300<br>COEUR D ALENE, ID 83814<br><br><b>3. <u>New</u> Registered Agent Signature</b> |                    |             |                               |             |              |            |        |                             |                        |               |    |       |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b><br><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>MEMBER</td> <td>William F. GANZ<br/>P.L.L.C.</td> <td>850 W IRONWOOD DR #300</td> <td>COEUR D ALENE</td> <td>ID</td> <td>83814</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> | MEMBER | William F. GANZ<br>P.L.L.C. | 850 W IRONWOOD DR #300 | COEUR D ALENE | ID | 83814 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Name</u>                                                                                                                                                      | <u>Street or P.O. Address</u> | <u>City</u>                                                                                                                        | <u>State</u>       | <u>Zip</u>  |                               |             |              |            |        |                             |                        |               |    |       |
| MEMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                             | William F. GANZ<br>P.L.L.C.                                                                                                                                      | 850 W IRONWOOD DR #300        | COEUR D ALENE                                                                                                                      | ID                 | 83814       |                               |             |              |            |        |                             |                        |               |    |       |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6.</b><br>Signature <u>William F. Ganz, MD</u> Date <u>10/17/02</u><br>WILLIAM F. GANZ, MD                                                                    |                               |                                                                                                                                    |                    |             |                               |             |              |            |        |                             |                        |               |    |       |