

<b>No. W 17396</b>	<b>Due no later than December 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  SHOULDER CLINIC OF IDAHO, PLLC (THE THOMAS E GOODWIN 8854 W EMERALD ST STE 102  BOISE, ID 83704	DAVID P MCANANEY 251 E FRONT ST #400  BOISE, ID 83702  3. New Registered Agent Signature											
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT.</td> <td>THOMAS E. GOODWIN</td> <td>8854 W. EMERALD STE 102</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT.	THOMAS E. GOODWIN	8854 W. EMERALD STE 102	BOISE	ID	83704
Office held	Name	Street or P.O. Address	City	State	Zip									
PRESIDENT.	THOMAS E. GOODWIN	8854 W. EMERALD STE 102	BOISE	ID	83704									
5. Organized Under the Laws of:  IDAHO W 17396	6. Signature <u>Thomas E Goodwin</u> Date <u>10/13/03</u> Name <small>(Typed or Printed)</small> <u>Thomas E. Goodwin</u> Title <u>PRESIDENT</u>													

Issued 10/01/2003

Do Not Tape or Staple

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