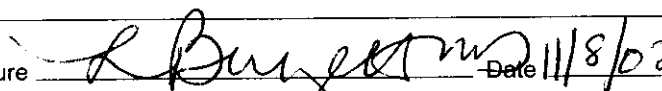


|                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>No. W 13684</b><br><br>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>Due no later than Dec 31, 2002<br/>Annual Report Form</b><br><br><div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> IDAHO MEDICINE ASSOCIATES, P.L.L.C.<br>LISA BURGETT<br>630 ADDISON AVE W STE 110<br><br>TWIN FALLS, ID 83301 | 2. Registered Agent and Office <b>NO PO BOX</b><br><br>LISA BURGETT<br>630 ADDISON AVE W STE 110<br><br>TWIN FALLS, ID 83301<br><br>3. <u>New</u> Registered Agent Signature |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| Office held         | Name            | Street or P.O. Address     | City       | State | Zip   |
|---------------------|-----------------|----------------------------|------------|-------|-------|
| Member<br>(Partner) | Lisa Burgett    | 630 Addison Ave W. Ste 110 | Twin Falls | Id    | 83301 |
| Partner             | Babara Jensen   | 630 Addison Ave W. Ste 110 | Twin Falls | Id    | 83301 |
| Partner             | Lucie Di Maggio | 630 Addison Ave W. Ste 110 | Twin Falls | Id    | 83301 |

|                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;">IDAHO<br/>W 13684</div> | 6. <div style="display: flex; justify-content: space-between;"> <div>           Signature <br/>           Name (Typed or Printed) <u>Lisa Burgett</u> </div> <div>           Date <u>11/8/02</u><br/>           Title <u>M.D.</u> </div> </div> |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|