

No. W 11571		Due no later than Mar 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IMPULSE MEDICAL L.L.C. WILLIAM C FITZHUGH PO BOX 5172 TWIN FALLS ID 83303		RUTH C STEVENSPRICE 160 MAIN AVE N TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	WILLIAM C FITZHUGH MD	589 SHOUP AVE W	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 11571		6. Annual Report must be signed.* Signature: William C Fitzhugh Name (type or print): William C Fitzhugh Date: 03/25/2010 Title: Manager					
Processed 03/25/2010		* Electronically provided signatures are accepted as original signatures.					