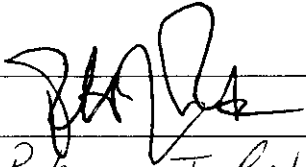


No. C 99854	Due no later than Oct 31, 2001		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		ROBERT J PORTER III 988 LONGMONT AV STE 110																		
	1. Mailing Address - Correct in this box, if applicable INTERMEDICS NORTHWEST, INC. ROBERT J PORTER III 988 LONGMONT AVE STE 110 BOISE, ID 83706		BOISE, ID 83706 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>Robert J Porter III</td> <td>508 SAN Felipe Way</td> <td>Boise</td> <td>ID</td> <td>83712</td> </tr> <tr> <td>V. PRESIDENT</td> <td>Kristin Porter</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	Robert J Porter III	508 SAN Felipe Way	Boise	ID	83712	V. PRESIDENT	Kristin Porter	-	-	-	-
Office held	Name	Street or P.O. Address	City	State	Zip																
PRESIDENT	Robert J Porter III	508 SAN Felipe Way	Boise	ID	83712																
V. PRESIDENT	Kristin Porter	-	-	-	-																
5. Organized Under the Laws of: IDAHO C 99854	6.  Signature _____ Date <u>8/13/01</u> Name (Typed or Printed) <u>ROBERT J PORTER III</u> Title <u>PRES</u>																				

Issued 08/01/2001

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