

No. C 159051		Due no later than Feb 28, 2007 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. IDAHO PAIN SOCIETY, INC. (THE) SHERI SASS 305 W JEFFERSON ST BOISE ID 83702		SHERI SASS 305 W JEFFERSON ST BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MONTE MOORE	IDAHO PHYSICAL MEDICINE & REHA PO BOX 1128	BOISE	ID	USA	83701	
SECRETARY	JAMES MORLAND	IDAHO NEUROSCIENCE ASSOC. 6140 W CURTISIAN AVE #400	BOISE	ID	USA	83704	
DIRECTOR	RICHARD RADNOVICH	4850 N ROSEPOINT WAY #100	BOISE	ID	USA	83713	
DIRECTOR	BARBARA QUATTRONE	PO BOX 1128	BOISE	ID	USA	83701	
5. Organized Under the Laws of: IDAHO C 159051		6. Annual Report must be signed.* Signature: Sheri Sass Name (type or print): Sheri Sass Date: 03/07/2007 Title: Executive Director					
Processed 03/07/2007		* Electronically provided signatures are accepted as original signatures.					