

No. W 24416	Due no later than May 31, 2004 Annual Report Form		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	1. Mailing Address - Correct in this box, if applicable SURGICAL INNOVATIONS, LLC 2832 S PORTSIDE AVE BOISE, ID 83706		CHRISTINE L SCHIEVE 2832 S PORTSIDE AVE BOISE, ID 83706 3. <u>New</u> Registered Agent Signature											
	4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Christine L. Schieve</td> <td>2832 S. Portside Ave</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Christine L. Schieve	2832 S. Portside Ave	Boise	ID
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Christine L. Schieve	2832 S. Portside Ave	Boise	ID	83706									
5. Organized Under the Laws of: IDAHO W 24416	6. Signature <u>Christine L. Schieve</u> Date <u>3/6/04</u> Name <small>(Typed or Printed)</small> <u>Christine L. Schieve</u> Title <u>President</u>													