

No. W 11571

Due no later than March 31, 2007

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

1. Mailing Address - Correct in this box, if applicable

IMPULSE MEDICAL L.L.C.
PO BOX 5172
TWIN FALLS, ID 83303

RUTH C STEVENSPRICE
160 MAIN AVE N
TWIN FALLS, ID 83301

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

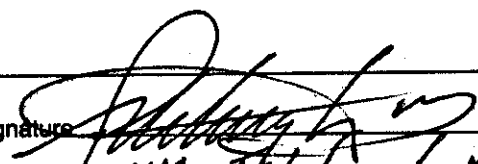
Office held	Name	Street or P.O. Address	City	State	Zip
PRES	W.C. Fitzhugh	5895 Loop W	TWIN FALLS	ID	83301

5. Organized Under the Laws of:
IDAHO
W 11571

6.

Signature

Name (Type or Print)


RUC Stevensprice

Date

Title

1/20/07
PRES

Issued 01/02/2007

Do Not Tape or Staple

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