


<b>No. W 25793</b>	<b>Due no later than September 30, 2004</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  WILLIAM G BINEGAR 301 W. Myrtle BOISE, ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  PAIN CARE CENTER BOISE, LLC 301 W. Myrtle BOISE, ID 83702	3. <u>New</u> Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Member	William G. Binegar, M.D.	301 W. Myrtle	Boise,	Idaho	83702
Chairman	William G. Binegar, M.D.	301 W. Myrtle	Boise,	Idaho	83702
Secretary	William G. Binegar, M.D.	301 W. Myrtle	Boise,	Idaho	83702

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 25793</div>	6. Signature  Date <u>7/1/04</u> Name <small>(Typed or Printed)</small> <u>William G. Binegar, M.D.</u> Title <u>Member</u>
---	--