

No. W 17396	Due no later than Dec 31, 2002	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 1. Mailing Address - Correct in this box, if applicable SHOULDER CLINIC OF IDAHO, PLLC (THE THOMAS E GOODWIN 2072 SILVERCREEK LN 8854 W. Emerald St BOISE, ID 83706 83704 <i>Site # 102</i>	DAVID P MCANANEY 251 E FRONT ST #400 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Members.		
	<u>Office held</u> <u>Name</u> <u>Street or P.O. Address</u> <u>City</u> <u>State</u> <u>Zip</u>	
	<i>Chairman/ Secretary</i> <i>Thomas E. Goodwin</i> <i>2072 Silvercreek Lane Boise ID 83706</i>	
5. Organized Under the Laws of: IDAHO W 17396	6. Signature <i>Thomas E Goodwin</i> Name <small>(Typed or Printed)</small> <i>Thomas E. Goodwin</i>	Date <i>10/11/02</i> Title <i>Chairman/ Secretary</i>