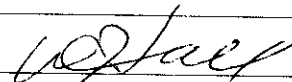


No. W 4247	Due no later than June 30, 2004		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		WILLIAM H HALL, M.D. 2177 IRONWOOD CTR DR COEUR D'ALENE, ID 83814												
	1. Mailing Address - Correct in this box, if applicable NORTH IDAHO UROLOGY BUILDING, L.L.C WILLIAM H HALL, M.D. 2177 IRONWOOD CTR DR COEUR D'ALENE, ID 83814														
3. <u>New</u> Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th data-bbox="307 405 526 430"><u>Office held</u></th> <th data-bbox="526 405 821 430"><u>Name</u></th> <th data-bbox="821 405 1323 430"><u>Street or P.O. Address</u></th> <th data-bbox="1323 405 1520 430"><u>City</u></th> <th data-bbox="1520 405 1694 430"><u>State</u></th> <th data-bbox="1694 405 1886 430"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="307 430 526 508">President</td> <td data-bbox="526 430 821 508">William Hall</td> <td data-bbox="821 430 1323 508">2177 Ironwood Center Dr</td> <td data-bbox="1323 430 1520 508">Ida</td> <td data-bbox="1520 430 1694 508">ID</td> <td data-bbox="1694 430 1886 508">83814</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	William Hall	2177 Ironwood Center Dr	Ida	ID	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	William Hall	2177 Ironwood Center Dr	Ida	ID	83814										
5. Organized Under the Laws of: IDAHO W 4247		6. <input checked="" type="checkbox"/> Signature  Date <u>5/30/04</u> Name <small>(Typed or Printed)</small> _____ Title _____													

Issued 04/01/2004

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