

No. W 24063	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		JEFFREY D MCDONALD 850 W IRONWOOD DR #300 COEUR D ALENE, ID 83814																								
	INLAND NORTHWEST SPINE CENTER, P.L. JEFFREY D MCDONALD 850 W IRONWOOD DR #300 ✓ COEUR D ALENE, ID 83814																										
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>J.D. McDONALD</td> <td>MD</td> <td>SAME</td> <td></td> <td></td> </tr> <tr> <td>OWNER</td> <td>B.A. Jinks</td> <td>MD</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OWNER</td> <td>W.F. GANZ</td> <td>MD</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	OWNER	J.D. McDONALD	MD	SAME			OWNER	B.A. Jinks	MD				OWNER	W.F. GANZ	MD			
Office held	Name	Street or P.O. Address	City	State	Zip																						
OWNER	J.D. McDONALD	MD	SAME																								
OWNER	B.A. Jinks	MD																									
OWNER	W.F. GANZ	MD																									
5. Organized Under the Laws of: IDAHO W 24063	6. Signature <u>Jeffrey D McDonald</u> <u>3/17/04</u> Name (Typed or Printed) <u>Jeffrey D McDonald</u> Title <u>MD/owner</u>																										