

No. C 120170	Due no later than Jul 31, 2003 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		ROBERT L CACH MD 3200 CHANNING WY STE A301 IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature																		
	IDAHO NEUROSURGICAL CENTER, P.A. ROBERT L CACH MD 3200 CHANNING WY STE A301 IDAHO FALLS, ID 83404																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>President</td> <td>Robert Cach</td> <td>3200 Channing Way, Ste 301</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Catherine Durboraw</td> <td>3200 Channing Way, Ste 301</td> <td>IF</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Robert Cach	3200 Channing Way, Ste 301	Idaho Falls	ID	83404	Secretary	Catherine Durboraw	3200 Channing Way, Ste 301	IF	ID	83404
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5. Organized Under the Laws of: IDAHO C 120170		6. Signature <u><i>Bryan Kump</i></u> Date <u>5/16/03</u> Name (Typed or Printed) <u>Bryan Kump</u> Title <u>Practice Manager</u>																			