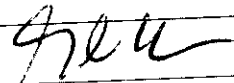


| <b>No. W 23002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Due no later than March 31, 2004</b><br><b>Annual Report Form</b>                                                                                                                                                                       | 2. Registered Agent and Office <b>NO PO BOX</b><br>MICHAEL B HAGUE<br>701 FRONT AVE #101<br>COEUR D'ALENE, ID 83816 |                    |              |                               |             |              |            |        |                         |                          |                |    |       |        |                       |                          |                |    |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------|--------------|-------------------------------|-------------|--------------|------------|--------|-------------------------|--------------------------|----------------|----|-------|--------|-----------------------|--------------------------|----------------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Mailing Address - Correct in this box, if applicable<br>COEUR D'ALENE SPINE AND BRAIN, PLLC<br><del>MICHAEL B HAGUE</del><br><del>701 FRONT AVE #101</del><br>700 Ironwood Drive, Suite 234<br>COEUR D'ALENE, ID <del>83816</del> 83814 | 3. <u>New</u> Registered Agent Signature                                                                            |                    |              |                               |             |              |            |        |                         |                          |                |    |       |        |                       |                          |                |    |       |
| 4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">member</td> <td style="vertical-align: top;">Glenn L Keeper, Jr, MD;</td> <td style="vertical-align: top;">700 Ironwood Dr, Ste 234</td> <td style="vertical-align: top;">Coeur d'Alene,</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83814</td> </tr> <tr> <td style="vertical-align: top;">member</td> <td style="vertical-align: top;">Jeffrey J Larson, MD,</td> <td style="vertical-align: top;">700 Ironwood Dr, Ste 234</td> <td style="vertical-align: top;">Coeur d'Alene,</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">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> | member | Glenn L Keeper, Jr, MD; | 700 Ironwood Dr, Ste 234 | Coeur d'Alene, | ID | 83814 | member | Jeffrey J Larson, MD, | 700 Ironwood Dr, Ste 234 | Coeur d'Alene, | 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>                    |             |              |            |        |                         |                          |                |    |       |        |                       |                          |                |    |       |
| member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Glenn L Keeper, Jr, MD;                                                                                                                                                                                                                    | 700 Ironwood Dr, Ste 234                                                                                            | Coeur d'Alene,     | ID           | 83814                         |             |              |            |        |                         |                          |                |    |       |        |                       |                          |                |    |       |
| member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Jeffrey J Larson, MD,                                                                                                                                                                                                                      | 700 Ironwood Dr, Ste 234                                                                                            | Coeur d'Alene,     | ID           | 83814                         |             |              |            |        |                         |                          |                |    |       |        |                       |                          |                |    |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 23002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. <br>Signature _____ Date _____<br>Name (Typed or Printed) <u>Glenn L Keeper, Jr, MD</u> Title <u>member</u>                                          |                                                                                                                     |                    |              |                               |             |              |            |        |                         |                          |                |    |       |        |                       |                          |                |    |       |