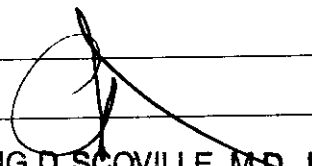


No. W 4627	Due no later than Sep 30, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable INSTITUTE OF ARTHRITIS RESEARCH, LL CRAIG D SCOVILLE PO BOX 1328 2860 CHANNING WAY STE 202 IDAHO FALLS, ID 83404		CRAIG D SCOVILLE, MD, PhD 2860 CHANNING WY STE 202 IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <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;"> <i>Presiding Officer</i> CRAIG D. SCOVILLE, M.D., PhD. </td> <td colspan="5" style="vertical-align: top; text-align: center;"> INSTITUTE OF ARTHRITIS RESEARCH 2860 Channing Way, Suite 202 IDAHO FALLS, ID 83404 </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>	<i>Presiding Officer</i> CRAIG D. SCOVILLE, M.D., PhD.	INSTITUTE OF ARTHRITIS RESEARCH 2860 Channing Way, Suite 202 IDAHO FALLS, ID 83404				
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<i>Presiding Officer</i> CRAIG D. SCOVILLE, M.D., PhD.	INSTITUTE OF ARTHRITIS RESEARCH 2860 Channing Way, Suite 202 IDAHO FALLS, ID 83404														
5. Organized Under the Laws of: IDAHO W 4627		6. Signature  Date <u>9/19/01</u> Name <small>(Typed or Printed)</small> <u>CRAIG D. SCOVILLE, M.D., PhD</u> <i>Presiding Officer</i>													