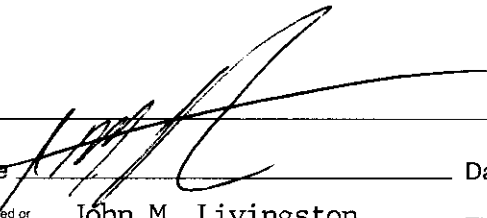


No. <b>W 1930</b>	<b>Due no later than Jan 31, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1 Mailing Address - Correct in this box, if applicable		DALE G HIGER 101 S CAPITOL BLVD STE 1900  BOISE, ID 83702												
	IDAHO TRAUMA SERVICES PLLC JOHN M LIVINGSTON, M.D. 101 S CAPITOL BLVD, SUITE 1900  BOISE, ID 83702		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>John M. Livingston</td> <td>999 N. Curtis Rd., Ste 415</td> <td>Boise</td> <td>ID</td> <td>83706</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>	Manager	John M. Livingston	999 N. Curtis Rd., Ste 415	Boise	ID	83706
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	John M. Livingston	999 N. Curtis Rd., Ste 415	Boise	ID	83706										
5. Organized Under the Laws of:  IDAHO W 1930	6. Signature  Date <u>01/18/02</u> Name <small>(Typed or Printed)</small> John M. Livingston Title <u>Manager</u>														