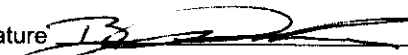


No. W 5470	Due no later than Feb 28, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MAGIC VALLEY BIOMEDICAL L.L.C. TROY PERKINS 1350 6TH AVE E TWIN FALLS, ID 83301	TROY PERKINS 1350 6TH AVE E TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Managing Member	Troy Perkins	1350 6 th Ave E.	Twin Falls	ID	83301

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 5470</div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  <small>(Typed or Printed)</small> Troy Perkins </div> <div style="width: 35%;"> Date 1/3/02 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Name <small>(Typed or Printed)</small> Troy Perkins </div> <div style="width: 35%;"> Title Managing Member </div> </div>
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