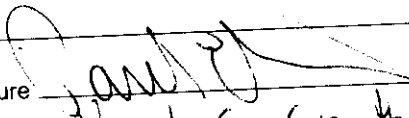


No. W 15115	Due no later than Apr 30, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WEISER VALLEY SURGICAL CLINIC, PLLC 645 EAST 5TH ST - 1480 E. 12th St WEISER, ID 83672		PAUL E SMITH 645 EAST 5TH ST WEISER, ID 83672 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>owner, CEO</td> <td>Paul E. Smith</td> <td>1480 E. 12th St</td> <td>Weiser</td> <td>ID</td> <td>83672</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>	owner, CEO	Paul E. Smith	1480 E. 12th St	Weiser	ID	83672
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
owner, CEO	Paul E. Smith	1480 E. 12th St	Weiser	ID	83672										
5. Organized Under the Laws of: IDAHO W 15115	6. Signature  Name (Typed or Printed) Paul E. Smith Date 10 Feb 03 Title owner														