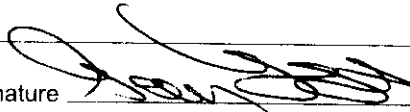


<b>No. W 16608</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than September 30, 2004</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable PAIN AND ALLERGY CLINIC, PLLC 9508 FAIRVIEW AVE BOISE, ID 83704	2. Registered Agent and Office <b>NO PO BOX</b> GARRY SHOHET 9508 FAIRVIEW AVE BOISE, ID 83704  3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
member	Garry Shohet	9508 Fairview	Boise	Id	83704
member	David Price	9508 Fairview	Boise	Id	83704

5. Organized Under the Laws of:  IDAHO W 16608	6.  Signature _____ Date <u>5/19/04</u> Name (Type or Printed) <u>Garry L Shohet</u> Title <u>member</u>
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