

No. **W 13675**

**Due no later than December 31, 2004
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

1. Mailing Address - Correct in this box, if applicable

WESTERN INSTITUTE FOR SURGICAL EDUC
H PETER DOBLE II
1330 FILER AVE EAST
TWIN FALLS, ID 83301

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1330 FILER AVE EAST
TWIN FALLS, ID 83301

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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

Office held

Name

Street or P.O. Address

City

State

Zip

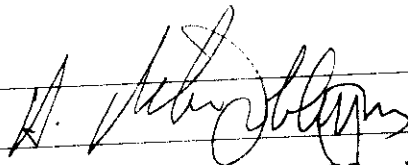
President H. Peter Doble, II, MD 3399 Willow Way Twin Falls, ID 83301

5. Organized Under the Laws of:

IDAHO
W 13675

6.

Signature



Date 12-28-04

Name (Typed or Printed)

H. Peter Doble, II, MD

Title President