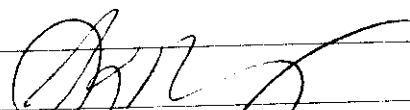
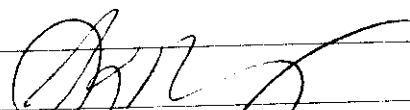
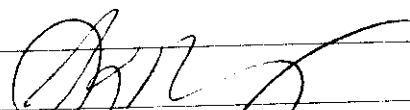


<b>No. W 15236</b>	<b>Due no later than May 31, 2004</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b>  SCOTT MAGNUSON 1300 E MULLAN STE 600  POST FALLS, ID 83854
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  PAIN MANAGEMENT OF NORTH IDAHO, PLL  1300 E MULLAN STE 600  POST FALLS, ID 83854	<b>3. New Registered Agent Signature</b>

**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>
Owner	Scott Magnuson	1300 E. Mullan #600	Post Falls	ID	83854

<b>5. Organized Under the Laws of:</b>  IDAHO W 15236	<table style="width: 100%;"> <tr> <td style="width: 60%;"> <b>6. Signature</b>   <b>Name</b> (Type or Printed) <u>Scott K Magnuson</u> </td> <td style="width: 40%;"> <b>Date</b> <u>3-15-04</u>  <b>Title</b> <u>Owner</u> </td> </tr> </table>	<b>6. Signature</b>  <b>Name</b> (Type or Printed) <u>Scott K Magnuson</u>	<b>Date</b> <u>3-15-04</u> <b>Title</b> <u>Owner</u>
<b>6. Signature</b>  <b>Name</b> (Type or Printed) <u>Scott K Magnuson</u>	<b>Date</b> <u>3-15-04</u> <b>Title</b> <u>Owner</u>		