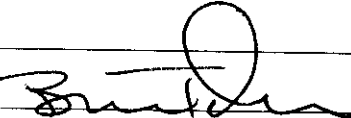


No. C 141068	Due no later than Oct 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IDAHO FOOT SURGERY CENTER, P.C. 782 S WOODRUFF AVE IDAHO FALLS, ID 83401		DR BRUCE G TOLMAN 782 S WOODRUFF AVE IDAHO FALLS, ID 83401																		
			3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <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>Director President</td> <td>Bruce G. Tolman</td> <td>782 S. WOODRUFF</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Director SECRETARY</td> <td>Vicki Tolman</td> <td>782 S. WOODRUFF</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</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>	Director President	Bruce G. Tolman	782 S. WOODRUFF	Idaho Falls	ID	83401	Director SECRETARY	Vicki Tolman	782 S. WOODRUFF	Idaho Falls	ID	83401
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
Director President	Bruce G. Tolman	782 S. WOODRUFF	Idaho Falls	ID	83401																
Director SECRETARY	Vicki Tolman	782 S. WOODRUFF	Idaho Falls	ID	83401																
5. Organized Under the Laws of: IDAHO C 141008		6. Signature  Date _____ Name (Typed or Printed) _____ Title _____																			