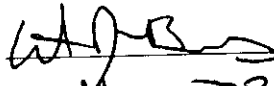


No. W 11571	Due no later than March 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IMPULSE MEDICAL L.L.C. PO BOX 5172 TWIN FALLS, ID 83303		RUTH C STEVENSPRICE 160 MAIN AVE N TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td></td> <td>William Fitzhugh</td> <td>609 Concordia Cir</td> <td>FF</td> <td></td> <td>83301</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		William Fitzhugh	609 Concordia Cir	FF		83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	William Fitzhugh	609 Concordia Cir	FF		83301										
5. Organized Under the Laws of: IDAHO		6. Signature  Date 1-8-04													

Moisten Adhesive, Do Not Tape or Staple