No. W 11571

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than March 31, 2004
Annual Report Form

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

IMPULSE MEDICAL L.L.C.

PO BOX 5172

TWIN FALLS, ID 83303

2. Registered Agent and Office **NO PO BOX**

RUTH C STEVENSPRICE
160 MAIN AVE N

TWIN FALLS, ID 83301

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
	William Fitzhugh	609 Concordia Cir	TF	83301	

5. Organized Under the Laws of:

IDAHO

6. Signature _____ Date 1-8-04

(Typed or

Moisten Adhesive, Do Not Tape or Staple