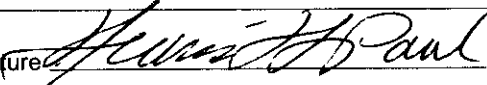


No. W 3	Due no later than Jul 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address. Correct in this box, if applicable.		FRANCIS F PAUL 2115 ENELL ST c/o Bowen, 2345 Stace #1 IDAHO FALLS, ID 83401												
	IDAHO BRAIN TUMOR CENTER, L.C. BEVERLY BOWEN 2345 STACE # 1 IDAHO FALLS, ID 83401		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 style="text-align: center;">President</td> <td>Francis F. Paul</td> <td>c/o Bowen, 2345 Stace #1</td> <td>Idaho Falls</td> <td>ID.</td> <td>83401</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>	President	Francis F. Paul	c/o Bowen, 2345 Stace #1	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>										
President	Francis F. Paul	c/o Bowen, 2345 Stace #1	Idaho Falls	ID.	83401										
5. Organized Under the Laws of: IDAHO W 3	6.  Signature _____ Date <u>7/18/03</u> Name (Typed or Printed) <u>Francis F. Paul</u> Title <u>President</u>														