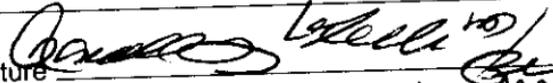


No. W 13820	Due no later than Dec 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable EASTERN IDAHO SPORTS MEDICINE AND ORTHOPEDIC CENTER 2860 Channing Way, Suite 116 Idaho Falls, ID 83404	GREGORY J EHARDT 477 SHOUP AVE STE 109 IDAHO FALLS, ID 83402											
3. <u>New</u> Registered Agent Signature														
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <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>Manager</td> <td>Ronald D Wheeler, M.D.</td> <td>2860 Channing Way, Suite 116</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83404</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>	Manager	Ronald D Wheeler, M.D.	2860 Channing Way, Suite 116	Idaho Falls	Idaho	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Manager	Ronald D Wheeler, M.D.	2860 Channing Way, Suite 116	Idaho Falls	Idaho	83404									
5. Organized Under the Laws of: IDAHO W 13820	6.  Signature _____ Date <u>1-10-02</u> Name (Typed or Printed) <u>Ronald D. Wheeler, M.D.</u> Title <u>Manager</u>													