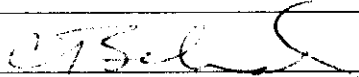


No. W 7270	Due no later than October 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address (Correct in this box, if applicable)		GARY WALLACE 2290 CORONADO ST																								
	GRAND TETON SURGICAL CENTER, PLLC GARY W WALLACE 2290 CORONADO ST		IDAHO FALLS, ID 83404																								
	IDAHO FALLS, ID 83404		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>Medical Director</td> <td>GARY W. Wallace MD</td> <td>2290 Coronado St</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Assistant Medical Director</td> <td>Clint E. Behrend, MD</td> <td>2290 Coronado St</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Member</td> <td>Paul M. Hendrix MD</td> <td>2290 Coronado St</td> <td>Idaho Falls</td> <td>ID</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>	Medical Director	GARY W. Wallace MD	2290 Coronado St	Idaho Falls	ID	83404	Assistant Medical Director	Clint E. Behrend, MD	2290 Coronado St	Idaho Falls	ID	83404	Member	Paul M. Hendrix MD	2290 Coronado St	Idaho Falls	ID	83404
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5. Organized Under the Laws of: IDAHO W 7270	6. Signature <u></u> Date <u>10-31-03</u> Name (Typed or Printed) <u>Clint E. Behrend</u> Title <u>Assistant Med Director</u>																										