	Due no later than October 31, 2003	2. Registered Agent and Office NO PO BOX
No. W 16697	Annual Report Form	MICHAEL THIRY
Return to:	Mailing Address - Correct in this box, if applicable	1070 N CURTIS RD STE 110
SECRETARY OF STATE 700 WEST JEFFERSON	LORDEX LUMBAR SPINE CARE CENTERS PL	BOISE, ID 83704
PO BOX 83720	1070 N CURTIS RD STE 110	
BOISE, ID 83720-0080		3. New Registered Agent Signature
NO FILING FEE IF	BOISE, ID 83704	
	LA descent of Members	
4. Limited Liability Comp	vanies: Enter Names and Addresses of Members.	ity <u>State</u> <u>Zip</u>
Office held Name	Street or P.O. Address	Fallo
Vans Michael	Chury 101014 cardis repair	53704
Pres. Michael	OThery 1070 N Cartis Pd, Su	53704 Do 53704
Thes. Michael	athury 101010 and 1010	Down To 53704
Rus. Michael	athury 101010 and 1010	DOISE (O) 53704
Pres. Michael	athery 101010 and 510 per	Dorse (In 53704)
Pous. Michael	athury 10 10 to and 10 to face	Dos To 53704
Pines. Michael	Chury 10 10 to and 10 to a	Dorse (10 53704)
Rus. Michael	Chury 10 10 to and 5 to par	
	6. A. A.	
5. Organized Under the Laws o	6. A. A.	Date <u>8-11-03</u> .
5. Organized Under the Laws of IDAHO	Signature Aca Jaula	Date <u>8-11-03</u> .
5. Organized Under the Laws o	6. A. A.	