

No. W 16697	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 LORDEX LUMBAR SPINE CARE CENTERS PL 1070 N CURTIS RD STE 110 BOISE, ID 83704		MICHAEL THIRY 1070 N CURTIS RD STE 110 BOISE, ID 83704													
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>Pres.</td> <td>Michael Thiry</td> <td>1070 N Curtis Rd, Suite 110</td> <td>Boise</td> <td>Id</td> <td>83704</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>	Pres.	Michael Thiry	1070 N Curtis Rd, Suite 110	Boise	Id	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Pres.	Michael Thiry	1070 N Curtis Rd, Suite 110	Boise	Id	83704											
5. Organized Under the Laws of: IDAHO W 16697		6. Signature <u>Lisa Failer</u> Date <u>8-11-03</u> Name <small>(Typed or Printed)</small> <u>Lisa Failer</u> Title <u>Office Man</u>														