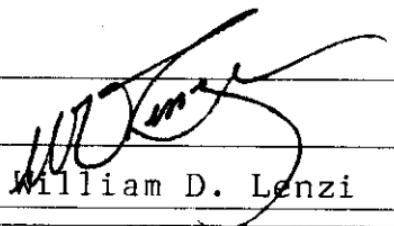


No. C 108798	Due no later than December 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address Correct in this box, if applicable INTERMOUNTAIN HAND CLINIC, P.A. WILLIAM D LENZI 914 N CURTIS RD BOISE, ID 83706		DALE G HIGER 999 MAIN ST STE 1015 ONE CAPITAL CENTER BOISE, ID 83702 9011		
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	William D. Lenzi	914 N Curtis Rd	Boise	ID	83706
5. Organized Under the Laws of:	6. Signature		Date		
IDAHO C 108798			2/23/03		
	Name <small>(Typed or Printed)</small>	William D. Lenzi	Title	President	