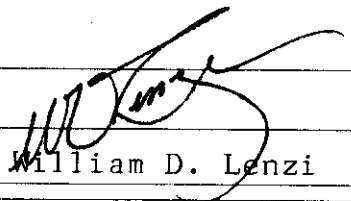


No. <b>C 108798</b>	<b>Due no later than December 31, 2003</b> Annual Report Form		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct 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  3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <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>President</td> <td>William D. Lenzi</td> <td>914 N Curtis Rd</td> <td>Boise</td> <td>ID</td> <td>83706</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>	President	William D. Lenzi	914 N Curtis Rd	Boise	ID	83706
<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:  IDAHO C 108798	6. Signature  Date <u>12/23/03</u> Name (Typed or Printed) <u>William D. Lenzi</u> Title <u>President</u>														