

No. W 28402	Due no later than February 28, 2005 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 NEW GENERATIONS LASER CENTER, L.L.C 10798 W OVERLAND RD BOISE, ID 83709 1329		DALE L MOCK MD 10798 W OVERLAND RD BOISE, ID 83709 1329																		
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">President</td> <td style="vertical-align: top;">Dale L Mock MD</td> <td style="vertical-align: top;">10798 W Overland Rd.</td> <td style="vertical-align: top;">Boise, Id</td> <td style="vertical-align: top;"></td> <td style="vertical-align: top;">83709</td> </tr> <tr> <td colspan="6" style="text-align: center; padding: 20px 0;"> ONE OWNER </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	Dale L Mock MD	10798 W Overland Rd.	Boise, Id		83709	ONE OWNER					
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President	Dale L Mock MD	10798 W Overland Rd.	Boise, Id		83709																
ONE OWNER																					
5. Organized Under the Laws of: IDAHO W 28402		6. Signature <u><i>Dale L Mock MD</i></u> Date <u>12/10/04</u> Name (Typed or Printed) <u>DALE L Mock MD</u> Title <u>President</u>																			