

No. C103333	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct STRANZL MEDICAL INC. STEVE R STRANZL 4097 S SUNTREE WAY		STEVE R STRANZL 4097 S SUNTREE WAY BOISE ID 83706 3. Organized Under the Laws of: ID C103333																			
* FIRST NOTICE * BOISE ID 83706 ID C103333																						
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Steve R. Stranzl</td> <td>4097 S. Suntree Way</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Secretary</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Steve R. Stranzl	4097 S. Suntree Way	Boise	ID	83706	Secretary	"	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	Steve R. Stranzl	4097 S. Suntree Way	Boise	ID	83706																	
Secretary	"	"	"	"	"																	
5. NATURE OF BUSINESS SALE OF MEDICAL RELATED PRODUCTS		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Steve R. Stranzl</u> Date <u>7/16/96</u> Name (Printed) <u>Steve R. Stranzl</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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