


<b>No. W 13675</b>	<b>Due no later than December 31, 2003</b> <b>Annual Report Form</b>		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 WESTERN INSTITUTE FOR SURGICAL EDUC H PETER DOBLE II 1330 FILER AVE EAST  TWIN FALLS, ID 83301		H PETER DOBLE II 1330 FILER AVE EAST  TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td></td> <td>President H. Peter Doble, II,</td> <td>MD 3399 Willow Way</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> </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 H. Peter Doble, II,	MD 3399 Willow Way	Twin Falls,	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	President H. Peter Doble, II,	MD 3399 Willow Way	Twin Falls,	ID	83301										
5. Organized Under the Laws of:  IDAHO W 13675	6. Signature  Date <u>10-23-03</u> Name <small>(Typed or Printed)</small> <u>H. Peter Doble, II, MD</u> Title <u>President</u>														