	Due no later than January 31, 2007	2. Registered Agent and Office NO PO BOX
IO. C 164458 Iturn to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 IO FILING FEE IF	Annual Report Form 1. Mailing Address - Correct in this box, if applicable PEDIATRIC NEUROSURGERY OF IDAHO, P. 100 E(DHAO ST STE 202 BOISE, ID 83712 I DAHU	W BRUCE CHERNY MD 100 EDHAO ST STE 202 BOISE, ID 83712 TOAHO 3. New Registered Agent Signature
ECEIVED BY DUE DATE	Desident Socre	stant and Directors
title Maria	mes and Business Addresses of President, Secre Street or P.O. Address Street or P.O. Address OF HOOF. JOAHO ST #202 BOISE MALA. WOOD, O. 100 E. FORHO ST # 202 BOISE	<u></u>
o. Organized Under the Laws of: IDAHO C 164458	6. Signature Bruce CHCR Name Printed) Do Not Tape or Staple	Date (2/22/06) Nyma Title Bacsilent 200701004911