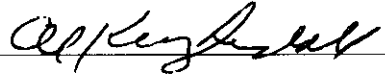


No. C 112957	Due no later than Dec 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX AL H KUYKENDALL 1419 W WASHINGTON ST BOISE, ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BOISE NEUROSURGICAL CLINIC, P.A. AL H KUYKENDALL PO BOX 4308 BOISE, ID 83711 4308		3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Al H. Kuykendall	PO Box 4308	Boise	ID	83711-4308
Secretary:	Berit Kuykendall	PO Box 4308	Boise	ID	83711-4308
Director:	Al H. Kuykendall	PO Box 4308	Boise	ID	83711-4308

5. Organized Under the Laws of: IDAHO C 112957	6. Signature  Date <u>11-6-01</u> Name (Typed or Printed) <u>Al H. Kuykendall</u> Title <u>President</u>
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