

No. **W 35220**Due no later than **December 31, 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**INTERVENTIONAL SPINE ASSOCIATES, PL  
THOMAS L LARK MD  
10337 W HECETA HEAD  
BOISE, ID 83714THOMAS L LARK MD  
10337 W HECETA HEAD  
BOISE, ID 83714**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office heldNameStreet or P.O. AddressCityStateZip

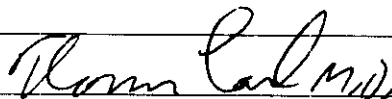
Thomas L. Lark M.D., 10337 W. Heceta Head Boise ID 83714

5. Organized Under the Laws of:

IDAHO  
W 35220

6.

Signature



Date

12-29-05

Name

(Typed or  
Printed)

Thomas Lark M.D.

Title

Issued 10/03/2005

Do Not Tape or Staple

200512002334