

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 83714		THOMAS L LARK MD 10337 W HECETA HEAD BOISE, ID 83714		
NO FILING FEE IF RECEIVED BY DUE DATE	3. <u>New Registered Agent Signature</u>				
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
		Thomas L. Lark M.D., 10337 W. Heceta Head	Boise	ID	83714
5. Organized Under the Laws of:	6. Signature <u>Thomas Lark M.D.</u> Date <u>12-29-05</u>				
IDAHO W 35220	Name <small>(Typed or Printed)</small> <u>Thomas Lark M.D.</u> Title _____				

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Do Not Tape or Staple

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