

No. W 11571

Due no later than March 31, 2006

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

IMPULSE MEDICAL L.L.C.
PO BOX ~~5172~~ 172
TWIN FALLS, ID 83303

2. Registered Agent and Office NO PO BOX

RUTH ~~STEVENSPRICE~~ S. Pierce
~~100 MAIN AVE N~~ 320 main Ave No,
TWIN FALLS, ID 83301NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

No change
spelling
correction

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

Office held	Name	Street or P.O. Address	City	State	Zip
member	William C. Fitzhugh	589 Shoup Ave.	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
W 11571

6.

Signature

Ruth S. Pierce

Date

1/13/06

Name

(Typed or
Printed)

Ruth S. Pierce

Title

Reg Agent

Issued 01/04/2006

Do Not Tape or Staple

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