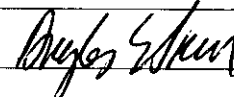


No. C 108735	Due no later than Dec 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable IDAHO NEUROLOGICAL SURGERY, P.A. 222 N 2ND ST SUITE 307 BOISE, ID 83702		DOUGLAS E SMITH STE 307 222 N 2ND ST BOISE, ID 83702 3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" data-bbox="270 343 1647 706"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President & Director</td> <td>Douglas E. Smith, M.D.</td> <td>222 N. 2nd St. Suite 307</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Secretary/ Treasurer & Director</td> <td>R. Tyler Frizzell, M.D.</td> <td>222 N. 2nd St. Suite 307</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President & Director	Douglas E. Smith, M.D.	222 N. 2nd St. Suite 307	Boise	ID	83702	Secretary/ Treasurer & Director	R. Tyler Frizzell, M.D.	222 N. 2nd St. Suite 307	Boise	ID	83702
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5. Organized Under the Laws of: IDAHO C 108735		6. Signature  Date <u>10/13/00</u> Name <small>(Typed or Printed)</small> Douglas E. Smith, M.D., xxx Title: <u>President</u>																				

Issued 10/02/2000

Do Not Tape or Staple

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