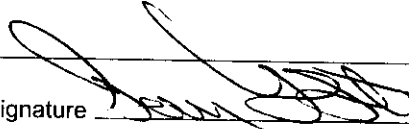


<b>No. W 16608</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Sep 30, 2002</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable <b>PAIN AND ALLERGY CLINIC, PLLC</b>  9508 FAIRVIEW AVE  BOISE, ID 83704	2. Registered Agent and Office <b>NO PO BOX</b> GARRY SHOHET 9508 FAIRVIEW AVE  BOISE, ID 83704  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Garry L Shohet</td> <td>9508 Fairview Ave</td> <td>Boise</td> <td>Idaho</td> <td>83704</td> </tr> <tr> <td>member</td> <td>David N Price</td> <td>9508 Fairview Ave</td> <td>Boise</td> <td>Idaho</td> <td>83704</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>	Member	Garry L Shohet	9508 Fairview Ave	Boise	Idaho	83704	member	David N Price	9508 Fairview Ave	Boise	Idaho	83704
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5. Organized Under the Laws of:  <div style="text-align: center;">           IDAHO W 16608         </div>	6.  Signature _____ Date <u>10/3/02</u>  Name <small>(Typed or Printed)</small> <u>Garry L Shohet</u> Title <u>Manager</u>																			