
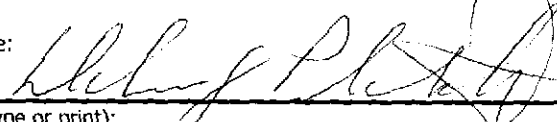


No. <b>C 58064</b>	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <del>LIZ CLARK</del> Diane Johns 100 HOSPITAL DR #107 KETCHUM ID 83340														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SAWTOOTH ORTHOPEDIC & FRACTURE CLINIC, P.A. DELMER F-J PLETCHER BOX 1332 SUN VALLEY ID 83353		3. New Registered Agent Signature. 														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Del Pletcher</td> <td>P.O. Box 1332</td> <td>Sun Valley</td> <td>ID.</td> <td>USA</td> <td>83353</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Del Pletcher	P.O. Box 1332	Sun Valley	ID.	USA	83353
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Del Pletcher	P.O. Box 1332	Sun Valley	ID.	USA	83353											
5. Organized Under the Laws of:  <b>IDAHO C 58064</b>	6. Signature:  Name (type or print): <u>Delmer F-J Pletcher</u> Date: <u>5/9/17</u> Title: <u>President</u>																
Issued 04/24/2017 by KAH <span style="float: right;">119535</span>																	