

No. C 149949		Due no later than Jul 31, 2018		2. Registered Agent and Address (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		Annual Report Form		MICHAEL S JOHNSON 1437 PARKVIEW DRIVE SUITE 200 TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ORTHOPRO OF TWIN FALLS, INC. MICHAEL S JOHNSON 1437 PARKVIEW DRIVE SUITE 200 TWIN FALLS ID 83301					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	STACEY D JOHNSON	1437 PARKVIEW DRIVE SUITE 200	TWIN FALLS	ID	USA	83301	
PRESIDENT	MICHAEL S JOHNSON	1437 PARKVIEW DRIVE SUITE 200	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 149949		Signature: Stacey Johnson			Date: 05/22/2018		
		Name (type or print): Stacey Johnson			Title: Secretary		
Processed 05/22/2018		* Electronically provided signatures are accepted as original signatures.					