

No. <b>C 141247</b>		<b>Due no later than Nov 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</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>1. Mailing Address: Correct in this box if needed.</b>  ALEXANDER ORTHOPAEDICS, P.A. A. HERBERT ALEXANDER, MD PO BOX 6997 KETCHUM ID 83340-6997		A HERBERT ALEXANDER 106 DEFIANCE SUN VALLEY ID 83353			
						3. <u>New</u> Registered Agent Signature:*	
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	CHARLOTTE E. ALEXANDER, MD	PO BOX 6997	KETCHUM	ID	USA	83340-6997	
TREASURER	A. HERBERT ALEXANDER, MD	PO BOX 6997	KETCHUM	ID	USA	83340-6997	
PRESIDENT	A. HERBERT ALEXANDER, MD	PO BOX 6997	KETCHUM	ID	USA	83340-6997	
5. Organized Under the Laws of:  <b>ID</b> <b>C 141247</b>		6. Annual Report must be signed.*  Signature: A. H. Alexander, MD Name (type or print): A. H. Alexander, MD					
Processed 09/13/2010		* Electronically provided signatures are accepted as original signatures.					
Date: 09/13/2010 Title: President							