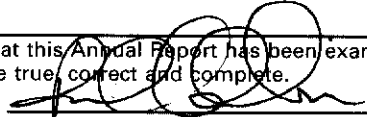


No. C108504	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct INTERMOUNTAIN ORTHOPAEDIC SP LEE B DILLION 242 N 8TH ST BOISE ID 83702		LEE B DILLION 242 N 8TH ST BOISE ID 83702
* FIRST NOTICE *			3. Organized Under the Laws of:
			ID C108504

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Kyle L. Palmer, M.D.	806 Wyndemere	Boise	ID	83702
Secretary	Dennis R. McGee, M.D.	333 N 1st St., Ste. 240C	Boise	ID	83702
Directors	Paul C. Collins, M.D.	676 W Sandstone	Boise	ID	83702
	Larry D. Showalter, M.D.	800 E Braemere	Boise	ID	83702
	Cari M. Coleman, M.D.	3310 E Rivercrest Ln	Boise	ID	83706
	Joseph M. Verska, M.D.	4344 N Nines Ridge Ln	Boise	ID	83702

- | | | |
|---|--|---|
| 5. NATURE OF BUSINESS

MEDICAL PRACTICE | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. | |
| | Signature 
Name (Typed or Printed) <u>PAUL COLLINS MD</u> | Date <u>2/2/96</u>
Title <u>DIRECTOR</u> |

ISSUED: 07-06-1996

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