

No. C 152843

Due no later than January 31, 2006

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

ORTHOPRO, INC.

~~348 4TH AVE S~~

TWIN FALLS, ID 83303

762 North College Road
suite A

2. Registered Agent and Office NO PO BOX

DAVID A BLACKMAN

348 4TH AVE S

TWIN FALLS, ID 83303 1941

3. New Registered Agent Signature

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

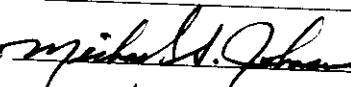
President Michael S Johnson 762 North college Rd, Suite A, Twin Falls, ID 83301
VP David A Blackman 997 Court Street Elko NV 89801
VP Stacey D Johnson 762 North College Rd, Suite A, Twin Falls ID 83301

5. Organized Under the Laws of:

IDAHO
C 152843

6.

Signature



Date

12/12/05

Name

(Typed or Printed)

Michael S. Johnson

Title

President

Issued 11/01/2005

Do Not Tape or Staple

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