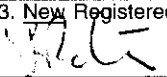


| <b>No. C 156300</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Due no later than September 30, 2005</b><br><b>Annual Report Form</b>                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                        | 2. Registered Agent and Office <b>NO PO BOX</b><br><b>PATRICK J MILLER</b><br><del>601 W BANNOCK ST</del><br><del>BOISE, ID 83702</del><br>Lisa Rendon, M.D.<br>2818 N. Selkirk Dr., Boise |                                                                                              |                       |                                                                 |                        |              |            |           |                   |                       |        |    |       |           |                      |                       |        |    |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------|------------------------|--------------|------------|-----------|-------------------|-----------------------|--------|----|-------|-----------|----------------------|-----------------------|--------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1. Mailing Address - Correct in this box, if applicable</b><br>IDAHO HAND AND WRIST, P.A.<br>C/O <del>PATRICK J MILLER ESQ</del> Lisa Rendon, M.D.<br><del>601 W BANNOCK ST</del> 2818 N. Selkirk Dr.<br>BOISE, ID 83702 |                                                                                                                                                                                                                                                                                                                                                                        | 3. New Registered Agent Signature<br>                                                                   |                                                                                              |                       |                                                                 |                        |              |            |           |                   |                       |        |    |       |           |                      |                       |        |    |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Lisa Rendon, M.D.</td> <td>2818 N. Selkirk Drive</td> <td>Boise,</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Secretary</td> <td>Michael Pelton, M.D.</td> <td>2818 N. Selkirk Drive</td> <td>Boise,</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table> |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            | <u>Office held</u>                                                                           | <u>Name</u>           | <u>Street or P.O. Address</u>                                   | <u>City</u>            | <u>State</u> | <u>Zip</u> | President | Lisa Rendon, M.D. | 2818 N. Selkirk Drive | Boise, | ID | 83702 | Secretary | Michael Pelton, M.D. | 2818 N. Selkirk Drive | Boise, | ID | 83702 |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>Name</u>                                                                                                                                                                                                                 | <u>Street or P.O. Address</u>                                                                                                                                                                                                                                                                                                                                          | <u>City</u>                                                                                                                                                                                | <u>State</u>                                                                                 | <u>Zip</u>            |                                                                 |                        |              |            |           |                   |                       |        |    |       |           |                      |                       |        |    |       |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lisa Rendon, M.D.                                                                                                                                                                                                           | 2818 N. Selkirk Drive                                                                                                                                                                                                                                                                                                                                                  | Boise,                                                                                                                                                                                     | ID                                                                                           | 83702                 |                                                                 |                        |              |            |           |                   |                       |        |    |       |           |                      |                       |        |    |       |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Michael Pelton, M.D.                                                                                                                                                                                                        | 2818 N. Selkirk Drive                                                                                                                                                                                                                                                                                                                                                  | Boise,                                                                                                                                                                                     | ID                                                                                           | 83702                 |                                                                 |                        |              |            |           |                   |                       |        |    |       |           |                      |                       |        |    |       |
| 5. Organized Under the Laws of:<br><div style="text-align: center; margin-top: 10px;"> <b>IDAHO</b><br/> <b>C 156300</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             | 6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>9-10-2005</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Lisa Rendon, M.D.</u></td> <td>Title <u>President</u></td> </tr> </table> |                                                                                                                                                                                            | Signature  | Date <u>9-10-2005</u> | Name <small>(Typed or Printed)</small> <u>Lisa Rendon, M.D.</u> | Title <u>President</u> |              |            |           |                   |                       |        |    |       |           |                      |                       |        |    |       |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date <u>9-10-2005</u>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                              |                       |                                                                 |                        |              |            |           |                   |                       |        |    |       |           |                      |                       |        |    |       |
| Name <small>(Typed or Printed)</small> <u>Lisa Rendon, M.D.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Title <u>President</u>                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |                                                                                              |                       |                                                                 |                        |              |            |           |                   |                       |        |    |       |           |                      |                       |        |    |       |

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