No. C 46608		Due no later than Dec 31, 2012		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CINDY L KEE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEWISTON ORTHOPAEDIC ASSOCIATES, P.A. CINDY KEENE 320 WARNER DRIVE LEWISTON ID 83501		AND THE PERSON NAMED AND THE P	320 WARNER DRIVE LEWISTON ID 83501 3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARVIN R KYM		320 WARNER DRIVE	LEWISTON	ID	USA	83501	
DIRECTOR	BRYAN J BEARDSLEY		320 WARNER DRIVE	LEWISTON	ID	USA	83501	
DIRECTOR	REGAN B HANSEN		320 WARNER DRIVE	LEWISTON	ID	USA	83501	
DIRECTOR	GREGORY D DIETRICH		320 WARNER DRIVE	LEWISTON	ID	USA	83501	
TREASURER	JOHN ADAM JELINEK		320 WARNER DRIVE	LEWISTON	ID	USA	83501	
SECRETARY	STEVEN R BOYEA		320 WARNER DRIVE	LEWISTON	ID	USA	83501	
PRESIDENT	TIMOTHY J	FLOCK	320 WARNER DRIVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Repo						
ID		Signature: Cindy L Keene			Date: 10/25/2012			
C 46608		Name (type o		Title: Ceo				
Processed 10/25/2012 * Electronically provided signatures are accepted as original signatures.								