

No. C 46608		Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LEWISTON ORTHOPAEDIC ASSOCIATES, P.A. CINDY KEENE 320 WARNER DRIVE LEWISTON ID 83501		CINDY L KEENE 320 WARNER DRIVE LEWISTON 83501			
						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	
DIRECTOR	BRYAN J BEARDSLEY	320 WARNER DRIVE	LEWISTON	ID	USA	83501	
TREASURER	REGAN B HANSEN	320 WARNER DRIVE	LEWISTON	ID	USA	83501	
DIRECTOR	GREGORY D DIETRICH	320 WARNER DRIVE	LEWISTON	ID	USA	83501	
PRESIDENT	JOHN ADAM JELINEK	320 WARNER DRIVE	LEWISTON	ID	USA	83501	
SECRETARY	STEVEN R BOYEA	320 WARNER DRIVE	LEWISTON	ID	USA	83501	
DIRECTOR	TIMOTHY J FLOCK	320 WARNER DRIVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 46608		6. Annual Report must be signed.* Signature: Cindy L Keene Name (type or print): Cindy L Keene Date: 10/20/2014 Title: CEO					
Processed 10/20/2014		* Electronically provided signatures are accepted as original signatures.					