

No. C 152843		Due no later than Jan 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ORTHOPRO, INC. STACEY D JOHNSON 762 NORTH COLLEGE RD STE A TWIN FALLS ID 83301		MICHAEL JOHNSON 762 N COLLEGE RD STE A TWIN FALLS ID 83301		
				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
TREASURER	STACEY D JOHNSON	762 NORTH COLLEGE ROAD, STE A	TWIN FALLS	ID	USA	83301
PRESIDENT	MICHAEL S JOHNSON	762 NORTH COLLEGE ROAD, STE A	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 152843		Signature: Stacey Johnson			Date: 12/04/2012	
		Name (type or print): Stacey Johnson			Title: Office Manager	
Processed 12/04/2012		* Electronically provided signatures are accepted as original signatures.				