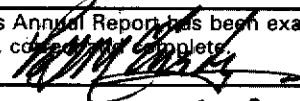


No. W 437	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct INTERMOUNTAIN ORTHOPAEDIC CL JAMES M RETMIER, MD 496-F SHOUP AVE W	JAMES M RETMIER, MD 496-F SHOUP AVE W TWIN FALLS ID 83301
* FIRST NOTICE *	TWIN FALLS ID 83301	3. Organized Under the Laws of: ID W 437

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☒ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Member	James M. Retmier MD.	1173 Hankins Rd.	Twin Falls	ID	83301
Member	William May M.B.	2750 Skyline Dr.	Twin Falls	ID	83301

5. SIGNATURE OF CURRENT RA	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	
	Signature 	Date 7-23-96
	Name (Typed or Printed) Eugene M. Lowry	Title Administrator

ISSUED: 07-08-1996