

No. <b>C 122399</b>	<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO PROSTHETICS AND ORTHOTICS, INC. JARED F LAMPH 1515 E CLARK ST POCATELLO ID 83201 USA	JARED LAMPH 1515 E CLARK ST POCATELLO ID 83201				
		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
VICE PRESIDENT	KARIESA J LAMPH	3698 AUTUMNWOOD DR	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:  <b>ID C 122399</b>	6. Annual Report must be signed.* Signature: Jared F Lamph Name (type or print): Jared F Lamph		Date: 11/17/2015 Title: President			
Processed 11/17/2015		* Electronically provided signatures are accepted as original signatures.				