No. <b>C 209652</b> Return to:		Due no later than Apr 30, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.			2. Registered Agent and Address (NO PO BOX)  BRIGHAM REDD  4925 LADY HAWK LN  AMMON ID 83406			
REDD ORTHOPEDIC SURGERY PC REDD ORTHOPEDIC SURGERY 3405 MERLIN DR								
IDAHO FALLS ID 83404			3. <u>New</u> Registered Agent Signature:*					
							4. Corporations: Ente	er Names and Busir
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	BRIGHAM R	EDD	3405		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual	Report must be signed.*					
ID C 209652		Signature: Alexis Bergeson			Date: 03/02/2017			
		Name (type or print): Alexis Bergeson			Title: Practice Manager			
Processed 03/02/201	L7	* Electron	ically provided signatures are accepted as origi	inal signa	atures.			