

July 19, 1996

Edwin Bidulph MD
Biddulph Orthopeidcs, P.A. C54269
2860 Channing Way Ste 112
Idaho Falls Id 83401

RE: Biddulph Orthopeidcs, P.A. C54269

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No. C 54269	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		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		EDWIN C. BIDDULPH 2560 SOUTH 60 EAST IDAHO FALLS ID 83406													
	BIDDULPH ORTHOPEDICS, P.A. EDWIN C. BIDDULPH, M.D. 2860 CHANNING WAY SUITE 112 IDAHO FALLS ID 83401		3. Organized Under the Laws of: ID C 54269													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																
<table border="1"> <thead> <tr> <th data-bbox="16 680 520 702">Office held</th> <th data-bbox="520 680 817 702">Name</th> <th data-bbox="817 680 1082 702">Street or P.O. Address</th> <th data-bbox="1082 680 1197 702">City</th> <th data-bbox="1197 680 1346 702">State</th> <th data-bbox="1346 680 1460 702">Zip</th> </tr> </thead> <tbody> <tr> <td colspan="6" data-bbox="16 702 1460 830"> 5. NATURE OF BUSINESS ORTHOPEDIC SURGERY </td> </tr> </tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip	5. NATURE OF BUSINESS ORTHOPEDIC SURGERY					
Office held	Name	Street or P.O. Address	City	State	Zip											
5. NATURE OF BUSINESS ORTHOPEDIC SURGERY																
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 <u>E. Biddulph</u> Date <u>7/15/96</u> Name (Typed or Printed) <u>E. Biddulph</u> Title <u>M.D. - Pres.</u>																

ISSUED: 07-06-1996

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