

No. <b>C 58064</b>		<b>Due no later than Apr 30, 2018</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>1. Mailing Address: Correct in this box if needed.</b>  SAWTOOTH ORTHOPEDIC & FRACTURE CLINIC, P.A. DELMER F-J PLETCHER BOX 1332 SUN VALLEY ID 83353		DIANE JOHNS 100 HOSPITAL DR #107 KETCHUM ID 83340			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
PRESIDENT	DELMER PLETCHER	P.O. BOX 1332	SUN VALLEY	ID	USA	83353	
5. Organized Under the Laws of:  <b>ID</b> <b>C 58064</b>		6. Annual Report must be signed.*  Signature: delmer pletcher/sw Name (type or print): delmer pletcher/sw					
		Date: 04/04/2018 Title: Pres					
Processed 04/04/2018      * Electronically provided signatures are accepted as original signatures.							