INSTRUCTIONS ON REVERSE SIDE

No. 62395

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

Reinstatement Fee:
$76.00

Idaho Corporation Annual Report Form

Due No Later Than November 1,

1. Mailing Address — *Please Correct*

62395

IDAHO ORTHOPAEDIC & FRACTURE CLINIC, P.A

RECEIVED
SEC. OF STATE

WILLIAM B. GOODMAN, M.D.
460 EAST OAK
POCATELLO, IDAHO 83201

89 NOV 13 AM 10 05

WILLIAM B. GOODMAN, M.D.
460 E OAK
POCATELLO, IDAHO 83201

3. Incorporated Under The Laws of IDAHO

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	M. R. Mickelson	460 E. Oak	Pocatello,	Idaho	83201
Secretary:	Nancy Goodman	460 E. Oak	Pocatello,	Idaho	83201
Directors:	M. R. Mickelson	460 E. Oak	Pocatello,	Idaho	83201
	William B. Goodman	460 E. Oak	Pocatello,	Idaho	83201

ENTERED
NOV 15 19

5. Nature of Business

Professional Corp. - Medical

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 W B Goodman Date 11/3/89

Name (Typed or Printed) Title