

No. C 95973		Due no later than Aug 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WEST ORTHOPEDIC, P.A. GREGORY G. WEST PO BOX 1867 IDAHO FALLS ID 83404		STEPHEN H TELFORD 2635 CHANNING WAY IDAHO FALLS ID 83404-7495			
						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	GREGORY G WEST	2321 CORONADO ST	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 95973		6. Annual Report must be signed.* Signature: Gregory West Name (type or print): Gregory West Date: 09/22/2009 Title: President					
Processed 09/22/2009 * Electronically provided signatures are accepted as original signatures.							