

No. <b>C 108798</b>		<b>Due no later than Dec 31, 2011</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  INTERMOUNTAIN HAND CLINIC, P.A. WILLIAM D LENZI 914 N CURTIS RD BOISE ID 83706		DALE G HIGER 999 MAIN ST STE 1015 ONE CAPITAL CENTER BOISE ID 83702-9011			
				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	
DIRECTOR	WILLIAM D LENZI	914 N CURTIS RD	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 108798</b>		Signature: William D Lenzi				Date: 11/18/2011	
		Name (type or print): William D Lenzi				Title: President	
Processed 11/18/2011		* Electronically provided signatures are accepted as original signatures.					