

No. C 155454		Due no later than Jul 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN SPINE AND ORTHOPEADICS, PC JOHN A. COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83303	
				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	DAVID M CHRISTENSEN	PO BOX 1293	TWIN FALLS	ID	USA 83303-1293
5. Organized Under the Laws of: ID C 155454		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 07/28/2016 Title: Agent			
Processed 07/28/2016		* Electronically provided signatures are accepted as original signatures.			