

No. C 153853	Due no later than March 31, 2006 Annual Report Form		2. Registered Agent and Office NO F. ELLIOT F BILLINGS 3886 SUMMER SUN DR IDAHO FALLS, ID 83404												
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 applicable TETON SURGICAL SOLUTIONS, INC. 3886 SUMMER SUN DR IDAHO FALLS, ID 83404		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>ELLIOT BILLINGS</td> <td>3886 SUMMER SUN DR</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	ELLIOT BILLINGS	3886 SUMMER SUN DR	IDAHO FALLS	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PRESIDENT	ELLIOT BILLINGS	3886 SUMMER SUN DR	IDAHO FALLS	ID	83404										
5. Organized Under the Laws of: IDAHO C 153853		6. Signature <u><i>Elliot Billings</i></u> Date <u>1-12-05</u> (Typed or Printed) <u>ELLIOT BILLINGS</u> Title <u>PRESIDENT</u>													

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