

Annual Report Form

Due No Later Than November 30,

1998

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

LEWISTON ORTHOPAEDIC ASSOCIA
320 WARNER DRIVE
LEWISTON ID 83501

2. Registered Agent and Office NOT A P.O. BOX

ROBERT FACKLER
320 WARNER DRIVE
LEWISTON ID 83501

3. Organized Under the Laws of:

ID C 46608

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

President

Marvin Kyn

4073 Fairway Dr

Lewiston

ID

83501

Secretary

Timothy Fleck

3116 Clement Rel.

Clarksburg

WVA

94403

Treasurer

Ned Schroeder

3431 16th Street

Lewiston

ID

83501

5. Signature of New Registered Agent

6.

Signature

Date

12/10/98

Name (Typed or Printed)

Reid M Wilson

Title

Administrator

ISSUED: 10-03-1998

DO NOT TAPE OR STAPLE

3942