

No. C 152843		Due no later than Jan 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. ORTHOPRO, INC. STACEY D JOHNSON 1437 PARKVIEW DRIVE SUITE 200 TWIN FALLS ID 83301		MICHAEL JOHNSON 1437 PARKVIEW DRIVE SUITE 200 TWIN FALLS ID 83301			
				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	
TREASURER	STACEY D JOHNSON	1437 PARKVIEW DRIVE SUITE 200	TWIN FALLS	ID	USA	83301	
PRESIDENT	MICHAEL S JOHNSON	1437 PARKVIEW DRIVE SUITE 200	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 152843		6. Annual Report must be signed.* Signature: Stacey Johnson Name (type or print): Stacey Johnson Date: 12/01/2015 Title: Treasurer					
Processed 12/01/2015		* Electronically provided signatures are accepted as original signatures.					