

No. W 33613	Due no later than October 31, 2005		2. Registered Agent and Office 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		JOSEPH THORNTON												
	1. Mailing Address - Correct in this box, if applicable CLEARWATER ORTHOTICS & PROSTHETICS, 801 BRYDEN AVE LEWISTON, ID 83501		801 BRYDEN AVE LEWISTON, ID 83501 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Joseph M. Thornton</td> <td>3211 N. Wellington Pl.</td> <td>Spokane,</td> <td>WA</td> <td>99205</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>	Manager	Joseph M. Thornton	3211 N. Wellington Pl.	Spokane,	WA	99205
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Joseph M. Thornton	3211 N. Wellington Pl.	Spokane,	WA	99205										
5. Organized Under the Laws of: IDAHO W 33613	6. Signature <u>Joseph M. Thornton</u> Date <u>12-14-05</u> Name <small>(Typed or Printed)</small> <u>Joseph M. Thornton</u> Title <u>Manager</u>														

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Do Not Tape or Staple

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