No. C 152843

Due no later than January 31, 2008

Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable
ORTHOPRO, INC.
762 NORTH COLLEGE RD STE A
TWIN FALLS, ID 83301

2. Registered Agent and Office NO PO BOX
MICHAEL JOHNSON
762 N COLLEGE RD STE A
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Michael Johnson	762 North College Rd Ste A	Twin Falls	ID	83301

5. Organized Under the Laws of:
IDAHO
C 152843

6.
Signature Michael S. Johnson Date 11/14/07
Name (Typed or Printed) Michael S Johnson Title President

Issued 11/01/2007

Do Not Tape or Staple

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