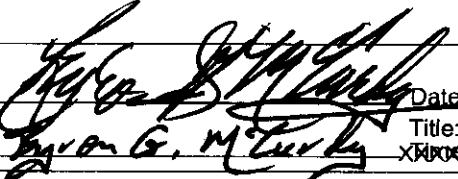


No. W 437 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jul 31, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable INTERMOUNTAIN ORTHOPAEDIC CLINIC, P JAMES M RETMIER, MD 496-F SHOUP AVE W TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX JAMES M RETMIER, MD 496-F SHOUP AVE W TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>James M. Retmier M.D., P.A.</td> <td>496 Shoup Ave. W.</td> <td>T.F.</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Member</td> <td>William F. May M.D., P.A.</td> <td>496 Shoup Ave. W.</td> <td>T.F.</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Member</td> <td>Blake G. Johnson M.D., P.A.</td> <td>496 Shoup Ave. W.</td> <td>T.F.</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Member	James M. Retmier M.D., P.A.	496 Shoup Ave. W.	T.F.	ID	83301	Member	William F. May M.D., P.A.	496 Shoup Ave. W.	T.F.	ID	83301	Member	Blake G. Johnson M.D., P.A.	496 Shoup Ave. W.	T.F.	ID	83301
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5. Organized Under the Laws of: IDAHO W 437	6. Signature  Date <u>8-9-00</u> Name (Typed or Printed) <u>Byron G. McTurk</u> Title: <u>Administrator</u> <input checked="" type="checkbox"/> Director																									

Issued 08/07/2000

Do Not Tape or Staple