No. C 149949		Due	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		MICHAEL S JOHNSON			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed. ORTHOPRO OF TWIN FALLS, INC. MICHAEL S JOHNSON 762 N COLLEGE RD STE A TWIN FALLS ID 83301		762 4TH COLLEGE RD STE A TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE		TWINT ALL SIL	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		J		
4. Corporations: Enter Names	and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasure	r (optional).			
Office Held Na	me		Street or PO Address	City	State	Country	Postal Code
	STACEY D JOHNSON		762 NORTH COLLEGE ROAD, STE A		ID	USA	83301
PRESIDENT MIC	CHAEL S	JOHNSON	762 NORTH COLLEGE ROAD, STE A	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Stac	Date: 05/14/2013				
C 149949		Name (type or		Title: Secretary			
Processed 05/14/2013	* Electronically provided signatures are accepted as original signatures.						