| No. **C 155454** | **Due no later than Jul 31, 2012** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>INTERMOUNTAIN SPINE AND ORTHOPEADICS, PC<br>JOHN A. COLEMAN<br>PO BOX 1293<br>TWIN FALLS ID 83303-1293<br>USA | JOHN A COLEMAN<br>401 GOODING ST N STE 201<br>TWIN FALLS ID 83303<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| PRESIDENT | DAVID M CHRISTENSEN | PO BOX 1293 | TWIN FALLS | ID | USA | 83303-1293 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**C 155454** | Signature: John Coleman<br>Name (type or print): John Coleman | Date: 05/30/2012<br>Title: Agent |

Processed 05/30/2012

* Electronically provided signatures are accepted as original signatures.