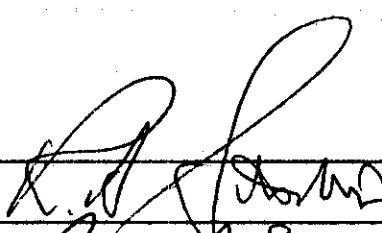
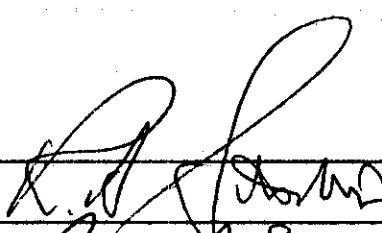
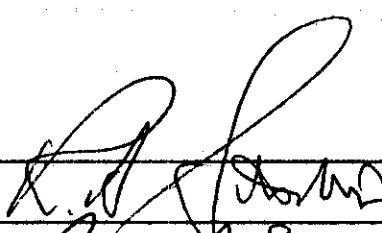


No. C 153803	Due no later than March 31, 2007		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		RICHARD A SILVER 180 FIRST ST W STE 302 KETCHUM, ID 83340													
	1. Mailing Address - Correct in this box, if applicable															
	TUCSON ORTHOPAEDIC & FRACTURE SURGE PO BOX 3127 SUN VALLEY, ID		3. New Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																
<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>CEO/Pres.</td> <td>Richard A. Silver MD</td> <td>P.O. Box 3127</td> <td>Sun Valley</td> <td>ID</td> <td>83353-3127</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	CEO/Pres.	Richard A. Silver MD	P.O. Box 3127	Sun Valley	ID	83353-3127				
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<table border="1"> <tr> <td data-bbox="112 703 591 833">5. Organized Under the Laws of: ARIZONA C 153803</td> <td colspan="4" data-bbox="591 703 1509 833"> 6. Signature  Date 1/10/07 Name (Typed or Printed) Richard A. Silver MD Title Pres/CEO </td> </tr> </table>					5. Organized Under the Laws of: ARIZONA C 153803	6. Signature  Date 1/10/07 Name (Typed or Printed) Richard A. Silver MD Title Pres/CEO										
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