

No.      W      437	<b>Annual Report Form      1999</b> <i>Due No Later Than November 30.</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b> JAMES M RETMIER, MD 496-F SHOUP AVE W TWIN FALLS      ID      83301	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct INTERMOUNTAIN ORTHOPAEDIC CL JAMES M RETMIER, MD 496-F SHOUP AVE W  TWIN FALLS      ID 83301		3. Organized Under the Laws of:  ID      W      437	
	4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input checked="" type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
	James Retmier MD	496 F Shoup Ave W	TF	ID
	William May MD	"      "	"	"
	Blake Johnson MD	"      "	"	"
5. Signature of New Registered Agent		6.		
		Signature <u>Melanie Kelly</u>		Date <u>7/28/99</u>
		Name (Typed or Printed) <u>MELANIE KELLY</u>		Title <u>Credit manager</u>

ISSUED: 07-03-1999

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