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, 2001**
**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. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| | James Retmier MD | 496 F Shoup Ave W | TF | Id | 83301 |
| | William may MD | 496 F Shoup Ave W | TF | Id | 83301 |
| | Blake Johnson MD | 496 F Shoup Ave W | TF | Id | 83301 |

5. Organized Under the Laws of:

IDAHO
W 437

6.
Signature J Retmier Date 5-16-01
Name (Typed or Printed) _____ Title: XXXX

Issued 05/09/2001

**Do Not Tape or Staple**