

C 108798
No.

Due no later than December 31, 2005

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

INTERMOUNTAIN HAND CLINIC, P.A.
WILLIAM D LENZI
914 N CURTIS RD
BOISE, ID 83706

2. Registered Agent and Office NO PO BOX

DALE G HIGER
999 MAIN ST STE 1015
ONE CAPITAL CENTER
BOISE, ID 83702 9011

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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President William D. Lenzi 914 N. Curtis Rd Boise 83706

5. Organized Under the Laws of:

IDAHO
C 108798

6.

Signature

(Typed or
Printed)

William D. Lenzi

Date

10/27/05

Title
President

200512006603

Issued 10/03/2005

Do Not Tape or Staple