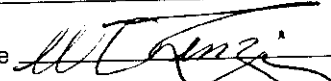
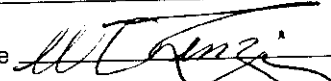
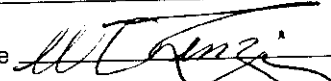


<b>No. C 108798</b>	<b>Due no later than December 31, 2005</b>		<b>2. Registered Agent and Office NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		DALE G HIGER 999 MAIN ST STE 1015 ONE CAPITAL CENTER BOISE, ID 83702 9011													
	<b>1. Mailing Address - Correct in this box, if applicable</b>  INTERMOUNTAIN HAND CLINIC, P.A. WILLIAM D LENZI 914 N CURTIS RD BOISE, ID 83706															
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b>  <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>William D. Lenzi</td> <td>914 N. Curtis Rd</td> <td>Boise</td> <td></td> <td>83706</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	William D. Lenzi	914 N. Curtis Rd	Boise		83706
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	William D. Lenzi	914 N. Curtis Rd	Boise		83706											
<b>5. Organized Under the Laws of:</b>  IDAHO C 108798	<table border="1"> <tr> <td data-bbox="884 808 1523 901"> <b>6. Signature</b>  </td> <td data-bbox="1523 808 1926 901"> <b>Date</b> 10/27/05         </td> </tr> <tr> <td data-bbox="884 901 1523 970"> <b>Name</b> (Typed or Printed) William D. Lenzi         </td> <td data-bbox="1523 901 1926 970"> <b>Title</b> Presiden         </td> </tr> </table>				<b>6. Signature</b> 	<b>Date</b> 10/27/05	<b>Name</b> (Typed or Printed) William D. Lenzi	<b>Title</b> Presiden								
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<b>Name</b> (Typed or Printed) William D. Lenzi	<b>Title</b> Presiden															

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