

No. C 62395

Due no later than November 30, 2003
Annual Report Form

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

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

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

IDAHO ORTHOPAEDIC & SPORTS CLINIC,
WILLIAM B. GOODMAN, M.D.
560 MEMORIAL DR

POCATELLO, ID 83201

2. Registered Agent and Office **NO PO BOX**

WILLIAM B. GOODMAN, M.D.
560 MEMORIAL DR

POCATELLO, ID 83201

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

Pres

KENNETH NEWHUSE

560 Memorial
DR 1

Pocatello ID

83201

Vice Pres

STEVEN L. COKER

Sec

VERNON ESPLIN

5. Organized Under the Laws of:

IDAHO
C 62395

6.

Signature

Name (Typed or
Printed)

Stev Coker

Date

9/16/03

Title **Vice Pres**