

INSTRUCTIONS ON REVERSE SIDE

No. 62623

Idaho Corporation Annual Report Form

2. Registered Agent and Office NOT A P.O. BOX

Return To

Due No Later Than November 30, 1995

SETH L. JENKINS
375 ELM STREETSecretary of State
700 W Jefferson
P.O. Box 83720

1. Mailing Address - Please Correct If Not Correct

NORTHWEST ORTHOTICS PROSTHETICS
SETH L. JENKINS
BOX 2235

IDAHO FALLS ID 83402

Boise, ID 83720-0080
* FIRST NOTICE *
NO FEE REQUIRED3. Incorporated Under The Laws of
ID
NO: 62623

IDAHO FALLS ID 83403

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:					
Secretary:	Seth L. Jenkins	120 Fieldstream	Idaho Falls	Idaho	83404
Directors:	Thomas Jenkins	2356 Mesa	Idaho Falls	Idaho	83401
	Seth L. Jenkins	120 Fieldstream	Idaho Falls	Idaho	83404
	Thomas Jenkins	2356 Mesa	Idaho Falls	Idaho	83401

5. Nature of Business

Orthotics & Prosth.

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Seth L. Jenkins

Date

10-6-95

Name (Typed or Printed)

Seth L. Jenkins

Title

President