

No. C 155454		Due no later than Jul 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. INTERMOUNTAIN SPINE AND ORTHOPEDICS, PC JOHN A. COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293 USA		JOHN A COLEMAN 401 GOODING ST N STE 203 TWIN FALLS ID 83303			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DAVID M CHRISTENSEN	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293	
5. Organized Under the Laws of: ID C 155454		6. Annual Report must be signed.* Signature: John A. Coleman Name (type or print): John A. Coleman					
		Date: 05/22/2009 Title: Agent					
Processed 05/22/2009 * Electronically provided signatures are accepted as original signatures.							