No. <b>C 64234</b>			2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SHOULDER AND KNEE CENTER PA JOHN L. ANDARY 2035 EAST 17TH STREET IDAHO FALLS ID 83404			WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404-7495			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				IDAHO FALLS				
				3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	es and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ESIDENT JOHN L. ANDARY		2035 EAST 17TH STREET	IDAHO FALLS	ID	USA	83404	
SECRETARY	KATHERINE	M. ANDARY	2035 EAST 17TH STREET	IDAHO FALLS	ID	USA	83404	
		F 80 8 00						
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 64234		Signature: Jennifer Lords			Date: 05/20/2015			
		Name (type o		Title: Bookkeeper				
Processed 05/20/2015	* Electronically provided signatures are accepted as original signatures.							