No. **C 108798**	**Due no later than Dec 31, 2008** **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 HAND CLINIC, P.A. WILLIAM D LENZI 914 N CURTIS RD BOISE ID 83706	DALE G HIGER 999 MAIN ST STE 1015 ONE CAPITAL CENTER BOISE ID 83702-9011 3. New 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
DIRECTOR	WILLIAM D LENZI	914 N CURTIS RD	BOISE	ID	USA	83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 108798**	Signature: William D Lenzi Name (type or print): William D Lenzi	Date: 10/13/2008 Title: President

Processed 10/13/2008

* Electronically provided signatures are accepted as original signatures.