





No. C 58064	Due no later than Apr 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KAREN HAWKES KAYLIN VAN BURGER 100 HOSPITAL DR #107 KETCHUM ID 83340									
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SAWTOOTH ORTHOPEDIC & FRACTURE CLINIC, P.A. DELMER F-J PLETCHER BOX 1332 SUN VALLEY ID 83353		3. New Registered Agent Signature. 									
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.												
Office Held	Name	Street or PO Address	City	State Country Postal Code								
President	Delmer F-J Pletcher	P.O. Box 1332	Sun Valley, ID	USA 83353								
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 58064 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Signature:</td> <td style="width: 40%; text-align: center;"></td> <td style="width: 30%;">Date:</td> <td style="width: 10%; text-align: center;">3/14/12</td> </tr> <tr> <td>Name (type or print):</td> <td style="text-align: center;">Delmer F-J Pletcher</td> <td>Title:</td> <td style="text-align: center;">President</td> </tr> </table>			Signature:		Date:	3/14/12	Name (type or print):	Delmer F-J Pletcher	Title:	President
Signature:		Date:	3/14/12									
Name (type or print):	Delmer F-J Pletcher	Title:	President									
Issued 03/08/2012 by SLD 107393												

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM