

No. C 70213	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX						
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		RICHARD A. KLEIN, M.D. 1611-A 12TH AVENUE ROAD						
	RICHARD A. KLEIN, M.D., P.A. RICHARD A. KLEIN, M.D. 1611-A 12TH AVENUE ROAD NAMPA ID 83686		NAMPA ID 83686 3. Organized Under the Laws of: ID C 70218						
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)									
<table border="0"> <tr> <td data-bbox="24 686 528 833"> 5. NATURE OF BUSINESS ORTHOPEDIC SURGERY </td> <td colspan="4" data-bbox="528 686 1470 833"> 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 <u>Richard A. Klein</u> Date <u>24 JUL 96</u> Name (Typed or Printed) <u>RICHARD A KLEIN</u> Title <u>PRES</u> </td> </tr> </table>					5. NATURE OF BUSINESS ORTHOPEDIC SURGERY	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 <u>Richard A. Klein</u> Date <u>24 JUL 96</u> Name (Typed or Printed) <u>RICHARD A KLEIN</u> Title <u>PRES</u>			
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ISSUED: 07-06-1996

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