

No. C 167328	Due no later than Jun 30, 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. ORTHOPRO OF LEWISTON INC. MARSHALL R BLACK 823 16TH AVE LEWISTON ID 83501	MARSHALL R BLACK 823 16TH AVE LEWISTON ID 83501
		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
PRESIDENT	MARSHALL R. BLACK	823 16TH AVE
City	State	Country
LEWISTON	ID	USA
Postal Code	83501	
5. Organized Under the Laws of: ID C 167328	6. Annual Report must be signed.* Signature: Marshall R. Black Name (type or print): Marshall R. Black Date: 04/14/2009 Title: Owner	
Processed 04/14/2009 * Electronically provided signatures are accepted as original signatures.		