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INSTRUCTIONS TO OFFICE PERSONNEL PLEASE TYPE OR PRINT

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - <i>Please Correct, If Not Correct</i> SETTER ORTHOPEDICS, P.A. THOMAS J. SETTER, M.D. 2001 S. WOODRUFF, STE. 6 IDAHO FALLS ID 83404 0000	THOMAS J. SETTER M.D. 1414 SOUTH 35 WEST IDAHO FALLS ID 83402 3. Incorporated Under The Laws of ID NO: 56219

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Thomas J. Setter	2001 S. Woodruff, Ste.6	Idaho Falls,	ID	83404
Secretary:	Shirley Setter	2001 S. Woodruff, Ste.6	Idaho Falls,	ID	83404
Directors:	Thomas J. Setter	2001 S. Woodruff, Ste.6	Idaho Falls,	ID	83404
	Shirley Setter	2001 S. Woodruff, Ste.6	Idaho Falls,	ID	83404

5. Nature of Business

Medical

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

Name (Typed or Printed)

Thomas J. Setter

Date

Title

200592
President