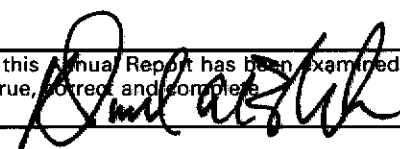


No. C111876	Annual Report Form <i>Due No Later Than November 30,</i> 1990		2. Registered Agent and Office NOT A P.O. BOX DAVID A BLACKMER 191 ADDISON AVE TWIN FALLS ID 83301																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct SOUTH IDAHO FOOT & ANKLE CLT DAVID A BLACKMER 191 ADDISON AVE TWIN FALLS ID 83301		3. Organized Under the Laws of: ID C111876																			
* FIRST NOTICE *																						
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>David A Blackmer</td> <td>191 Addison Ave.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Garald E. Price</td> <td>2058 Overland Ave</td> <td>Burley</td> <td>ID</td> <td>83318</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	David A Blackmer	191 Addison Ave.	Twin Falls	ID	83301	Secretary	Garald E. Price	2058 Overland Ave	Burley	ID	83318
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
President	David A Blackmer	191 Addison Ave.	Twin Falls	ID	83301																	
Secretary	Garald E. Price	2058 Overland Ave	Burley	ID	83318																	
5. NATURE OF BUSINESS PODIATRY	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  Date 8/27/90 Name (Typed or Printed) David A Blackmer Title President																					

ISSUED: 07-06-1996

3685