INSTRUCTIONS ON REVERSE SIDE

No. 437

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address -- Please Correct If Not Correct

INTERMOUNTAIN ORTHOPAEDIC CLINI
JAMES M RETMIER, MD
496-F SHOUP AVE W

TWIN FALLS ID 83301

2. Registered Agent and Office NOT A P.O. BOX

JAMES M RETMIER, MD
496-F SHOUP AVE W

TWIN FALLS ID 83301

3. Organized Under The Laws of

ID

NO: 437

4. Names and Addresses of ☐ Managers or ☒ Members (check one) MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
William F. May M.D.	2750 Skyline Drive	Twin Falls,	Idaho	83301
James M. Retmier M.D.	1173 Hawkins Rd	Twin Falls,	Idaho	83301

5. Signature of the Current Registered Agent (if changed in block 2)

X William F. May MD

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 [signature] Date 1-25-95

Name (Typed or Printed) Evan G. McCurdy