No. C 167328	Due no later than Jun 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. ORTHOPRO OF LEWISTON INC. MARSHALL R BLACK 823 16TH AVE LEWISTON ID 83501		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			823 16TH AV LEWISTON	MARSHALL R BLACK 823 16TH AVE LEWISTON ID 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Bus	less Addresses of President, Secretary, and Directors. Treasurer						
Office Held Name	iness Addi esses of	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT MARSHALL	R. BLACK	823 16TH AVE	LEWISTON	ID	USA	83501-3733	
. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Ma	arshall R. Black		Date: 04/25/2016			
C 167328	Name (type o	Name (type or print): Marshall R. Black		Title: Owner			
Processed 04/25/2016	* Electronically provided signatures are accepted as original signatures.						