No. W 437

Due no later than July 31, 2006

Annual Report Form

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 applicable

INTERMOUNTAIN ORTHOPAEDIC CLINIC, P
JAMES M RETMIER, MD
714 N COLLEGE RD
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

JAMES M RETMIER, MD
714 N COLLEGE RD
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
owner	James M Retmier	714 N College Rd Ste A	TF	ID	83301
owner	William F May	"	"	"	"
owner	Blake G Johnson	"	"	"	"
owner	Mark B Wright	"	"	"	"

5. Organized Under the Laws of:
IDAHO
W 437

6.
Signature Melanie Kelly Date 5-8-06
Name (Typed or Printed) Melanie Kelly Title office manager

Issued 05/01/2006

Do Not Tape or Staple

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