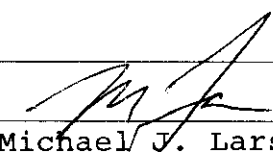
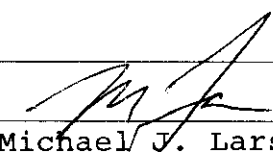
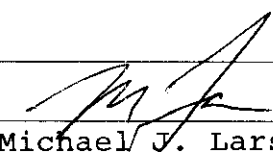


No. W 6876 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable UPPER VALLEY ORTHOPEDICS PLLC 360 E MAIN REXBURG, ID 83440	2. Registered Agent and Office NO PO BOX MICHAEL J LARSON 360 E MAIN REXBURG, ID 83440 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Michael J. Larson	360 East Main	Rexburg	ID	83440
Member	Kevin M, Lee	360 East Main	Rexburg	ID	83440

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 6876</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature *  (Typed or Printed) <u>Michael J. Larson, M.D.</u> </td> <td style="width: 40%;"> Date <u>7-26-00</u> Title: <u>Member</u> </td> </tr> <tr> <td> Name <u>Member</u> </td> <td> Title <u>XXXX</u> </td> </tr> </table>	Signature *  (Typed or Printed) <u>Michael J. Larson, M.D.</u>	Date <u>7-26-00</u> Title: <u>Member</u>	Name <u>Member</u>	Title <u>XXXX</u>
Signature *  (Typed or Printed) <u>Michael J. Larson, M.D.</u>	Date <u>7-26-00</u> Title: <u>Member</u>				
Name <u>Member</u>	Title <u>XXXX</u>				

Issued 07/10/2000

Do Not Tape or Staple

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