

No.	<b>Idaho Corporation Annual Report Form</b> <b>1992</b>	2. Registered Agent and Office NOT A P.O. BOX
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	Due No Later Than November 1,	<b>WINSTON V. BEARD</b> <b>683 NORTH CAPITAL</b>
	1. Mailing Address — <i>Please Correct, If Not Correct</i> <b>RHEIM B. JONES ORTHOPEDICS, P.A.</b> <b>RHEIM JONES</b> <b>2035 EAST 17TH STREET</b>  <b>IDAHO FALLS ID 83401 0000</b>	<b>IDAHO FALLS ID 83402</b>  3. Incorporated Under The Laws of <b>ID</b> <b>NO: 64234</b>

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Rheim B. Jones	Rt. 3 Box 288, Kinsman Lane	Idaho Falls	ID	83404
Secretary:	Kathleen Jones	" "	" "	" "	" "
Directors:	Rheim B. Jones	" "	" "	" "	" "

## 5. Nature of Business

Surgical Practice

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

Name (Typed or Printed)

Rheim B. Jones

Date

Title

7/20/92

President