

No. **C 44684**

Due no later than December 31, 2004
Annual Report Form

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

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1 Mailing Address - Correct in this box, if applicable

ORTHOPEDIC & FRACTURE CLINIC, P.A.
WHITE PETERSON ET AL
BOX 247
NAMPA, ID 83653 0247

CHARLES P. SCHNEIDER
206 E. ELM
CALDWELL, ID 83605 4815

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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President/Director
Vice President/Director
Secretary-Treasurer/Director

George A. Nicola, M.D.
John O. Smith, M.D.
Charles P. Schneider, M.D.

206 East Elm Street
206 East Elm Street
206 East Elm Street

Caldwell, Idaho 83605 4815
Caldwell, Idaho 83605 4815
Caldwell, Idaho 83605 4815

HHHH\A\OFC-2004ANN-RPT.wpd

5. Organized Under the Laws of:

IDAHO
C 44684

6.

Signature

Date

Name
(Typed or
Printed)

Charles P. Schneider, M.D. Title Secretary

Issued 10/01/2004

Do Not Tape or Staple

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