No. C 62395	Due no later than Nov 30, 2000 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box. if applicable IDAHÓ ORTHOPAEDIC & SPORTS CLINIC, WILLIAM B. GOODMAN, M.D. 560 MEMORIAL DR POCATELLO, ID 83201	WILLIAM B. GOODMAN, M.D. 560 MEMORIAL DR POCATELLO, ID 83201 3. New Registered Agent Signature
Office held Name	Street or P.O. Address Street or P.O. Address Street or P.O. Address City Film Fau COKER	y and Directors. <u>State</u> <u>Zip</u> د بدلک به ۱۶۵۶ و ۱۶۵ و ۱۶۵۶ و ۱۶۵ و ۱۶۵۶ و ۱۶۵ و ۱۶۵۶ و ۱۶۵۶ و ۱۶۵ و ۱۶ و ۱۶
5. Organized Under the Laws of: IDAHO C 62395 Issued 09/04/2000	6. Signature Name Printed) Do Not Tape or Staple	Date 1 19 00 Title: VICE RICE XXXXX 466