

No. <b>C 139588</b>		<b>Due no later than Jun 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SOUPLINE ORTHOPEDIC SPECIALTIES, INC. RICHARD D JESSOP 475 IDAHO FALLS ID 83402		RICHARD D JESSOP 475 IDAHO FALLS ID 83402			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	RICHARD JESSOP	475 L STREET	IDAHO FALLS	ID	USA	83402	
TREASURER	LORI HYER	535 WEST 200 SOUTH	SMITHFIELD	UT	USA	84335	
DIRECTOR	BRIANNA JESSOP	268 SOUTH 200 EAST	HYRUM	UT	USA	84319	
DIRECTOR	TYLER JESSOP	268 SOUTH 200 EAST	HYRUM	UT	USA	84319	
DIRECTOR	COREY JESSOP	268 SOUTH 200 EAST	HYRUM	UT	USA	84319	
SECRETARY	JESSICA PETERSEN	2877 WEST 5875 SOUTH	ROY	UT	USA	84067	
5. Organized Under the Laws of:  <b>ID</b> <b>C 139588</b>		6. Annual Report must be signed.*  Signature: Richard Jessop Name (type or print): Richard Jessop					
		Date: 06/23/2010 Title: President					
Processed 06/23/2010		* Electronically provided signatures are accepted as original signatures.					