

No. C 62395

Due no later than November 30, 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

IDAHO ORTHOPAEDIC & SPORTS CLINIC,
WILLIAM B. GOODMAN, M.D.
560 MEMORIAL DR
POCATELLO, ID 83201

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560 MEMORIAL DR
POCATELLO, ID 83201

**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.

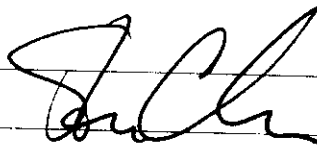
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	VERNON NEWHOUSE	560 MEMORIAL	POCATELLO	ID	83201
VICE PRES	STEVE COKER				
Sec	VERNON ESPLIN				

5. Organized Under the Laws of:

IDAHO
C 62395

6.

Signature



Date

9/27/04

Name (Typed or Printed)

STEVE COKER

Title

Issued 09/01/2004

Do Not Tape or Staple

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