

No. C 44684	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct ORTHOPEDIC & FRACTURE CLINIC WHITE, PETERSON, PRUSS 30X 247 NAMPA ID 83653		SIDNEY J. GARBER 206 E. ELM CALDWELL ID 83605
			3. Organized Under the Laws of: ID C 44684

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Director/President	Sidney J. Garber	206 E. Elm	Caldwell	ID	83605
Director/Secy.-Treas.	Charles P. Schneider	206 E. Elm	Caldwell	ID	83605
Director/V.P.	George A. Nicola	206 E. Elm	Caldwell	ID	83605

5. NATURE OF BUSINESS MEDICAL SERVICE	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 <u><i>Sidney J. Garber</i></u> Name (Typed or Printed) <u>Sidney J. Garber, M.D.</u>	Date <u>8/8/96</u> Title <u>President</u>

ISSUED: 07-06-1996

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