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|--|-----------------|---|----------|--|---------|-------------|--|
| No. C 79948 | | Due no later than Nov 30, 2012 | | 2. Registered Agent and Address (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 needed. IDAHO ORTHOPAEDIC SOCIETY, INC. SHERI SASS PO BOX 140357 BOISE ID 83714 | | SHERI SASS 5105 CHERRY LN NAMPA ID 83687 | | | |
| | | | | 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 | |
| DIRECTOR | TROY WATKINS | 125 E IDAHO #104 | BOISE | ID | USA | 83712 | |
| VICE PRESIDENT | JOHN Q SMITH | 206 EAST ELM STREET | CALDWELL | ID | USA | 8305 | |
| PRESIDENT | DAVID HASSINGER | 8989 RIFLEMAN ST. STE | BOISE | ID | USA | 83705 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 79948 | | Signature: Sheri Sass | | Date: 11/01/2012 | | | |
| | | Name (type or print): Sheri Sass | | Title: Executive Director | | | |
| Processed 11/01/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |