

No. C112081	Annual Report Form Due No Later Than November 30, 1996		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 ASPEN ORTHOPEDIC, P.A. EDWIN M CLARK 6565 EMERALD BOISE ID 83704		EDWIN M CLARK 6565 EMERALD BOISE ID 83704 3. Organized Under the Laws of: ID C112081													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Edwin M. Clark MD</td> <td>6565 W. Emerald</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Edwin M. Clark MD	6565 W. Emerald	Boise	ID	83704
Office held	Name	Street or P.O. Address	City	State	Zip											
Pres.	Edwin M. Clark MD	6565 W. Emerald	Boise	ID	83704											
5. NATURE OF BUSINESS MEDICINE	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>Edwin M. Clark MD</u> Date <u>7/23/96</u> Name (Typed or Printed) <u>Edwin M. Clark MD</u> Title <u>Pres.</u>															

ISSUED: 07-06-1996

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