

No. **W 26204**

Due no later than October 31, 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

INTERMOUNTAIN ORTHOPEDIC INVESTMENT
~~800 S HOOPER AVE BOX 1111~~ **714 N College # 2**
TWIN FALLS, ID 83301

JAMES M RETMIER MD
~~800 S HOOPER AVE BOX 1111~~
TWIN FALLS, ID 83301

714 N College # 2

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	JAMES RETMIER	714 N COLLEGE # 2	TWIN FALLS,	ID	83301
MEMBER	WILLIAM MAY	"	"	"	"
MEMBER	BLAKE JOHNSON	"	"	"	"

5. Organized Under the Laws of:

IDAHO
W 26204

6.

Signature

Date

Name (Typed or Printed)

JAMES RETMIER

Title

MEMBER