

No. C 155806	Due no later than August 31, 2006		2. Registered Agent and Office 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	Annual Report Form		W A KARCHER																		
	1. Mailing Address - Correct in this box, if applicable IDAHO ORTHOTIC PROSTHETIC SERVICES, 2054 S EAGLE RD MERIDIAN, ID 83642		2054 S EAGLE RD MERIDIAN, ID 83642 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>President</td> <td>Wm KARCHER</td> <td>1115 TORREY PINES</td> <td>EAGLE</td> <td>Id</td> <td>83616</td> </tr> <tr> <td>Vice President</td> <td>Stephanie Karcher</td> <td colspan="4">"SAME"</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Wm KARCHER	1115 TORREY PINES	EAGLE	Id	83616	Vice President	Stephanie Karcher	"SAME"			
Office held	Name	Street or P.O. Address	City	State	Zip																
President	Wm KARCHER	1115 TORREY PINES	EAGLE	Id	83616																
Vice President	Stephanie Karcher	"SAME"																			
5. Organized Under the Laws of: IDAHO C 155806	6. Signature <u>W.A. Karcher</u> Date <u>6/12/2006</u> Name (Typed or Printed) <u>Wm. KARCHER</u> Title <u>President</u>																				

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