

No. C 108504		Due no later than Dec 31, 2012 Annual Report Form		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. INTERMOUNTAIN ORTHOPAEDICS, P.A. MICHAEL MONTGOMERY 600 N ROBBINS RD STE 401 BOISE ID 83702		MICHAEL MONTGOMERY 600 N ROBBINS RD STE 401 BOISE ID 83702		
				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	JAMES E LOVELESS, M.D.	600 N. ROBBINS ROAD SUITE 401	BOISE	ID	USA	83702-4566
DIRECTOR	ERIK J. HEGGLAND, MD	600 N. ROBBINS ROAD SUITE 401	BOISE	ID	USA	83702-4566
DIRECTOR	DENNIS R MCGEE	600 N. ROBBINS ROAD SUITE 401	BOISE	ID	USA	83702-4566
PRESIDENT	COLIN E POOLE, M.D.	600 N. ROBBINS ROAD SUITE 401	BOISE	ID	USA	83702-4566
DIRECTOR	KEVIN G SHEA, M.D.	600 N. ROBBINS ROAD SUITE 401	BOISE	ID	USA	83702-4566
5. Organized Under the Laws of: ID C 108504		6. Annual Report must be signed.* Signature: Michael Montgomery Name (type or print): Michael Montgomery Date: 01/23/2013 Title: Accountant				
Processed 01/23/2013		* Electronically provided signatures are accepted as original signatures.				