No. <b>C 142690</b>		Due no later than Feb 28, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		STAN GRIFFITHS MD				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GRIFFITHS ORTHOPEDICS, P.A. JULIE DENNY 2321 CORONADO IDAHO FALLS ID 83404		2321 CORONADO IDAHO FALLS ID 83404  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pi	resident, Secretary, and Directors. $\bar{\ }$	Treasurer (	(optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT STAN GRIFFITHS		TTHS	2321 CORONADO		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Julie Denny		Date: 01/06/2014				
C 142690		Name (type or print): Julie Denny		Title: Practice Administrator				
Processed 01/06/2014 * Electronically provided signatures are accepted as original signatures.								