No. **C 95973**	**Due no later than Aug 31, 2017** **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.** WEST ORTHOPEDIC, P.A. GREGORY G. WEST PO BOX 1867 IDAHO FALLS ID 83404	GREGORY G WEST 675 S WOODRUFF AVE IDAHO FALLS ID 83401-7495 3. New 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
PRESIDENT	GREGORY G WEST	2321 CORONADO ST	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 95973**	Signature: GREG WEST Name (type or print): GREG WEST	Date: 06/20/2017 Title: PRESIDENT

Processed 06/20/2017

* Electronically provided signatures are accepted as original signatures.