

No. 44684	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1997		SIDNEY J. GARBER 206 E. ELM																															
	1. Mailing Address (Street, P.O. Box, etc.) ORTHOPEDIC & FRACTURE CLINIC, P WHITE, PETERSON, PRUSS BOX 247		CALDWELL ID 83605																															
	NAMPA ID 83653		3. Incorporated Under The Laws of ID NO: 44684																															
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																																		
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Sidney J. Garber, M.D.</td> <td>206 East Elm</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Secretary:</td> <td>Charles P. Schneider, M.D.</td> <td>206 East Elm</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Directors:</td> <td>Sidney J. Garber, M.D.</td> <td>206 East Elm</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td></td> <td>Charles P. Schneider, M.D.</td> <td>206 East Elm</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Sidney J. Garber, M.D.	206 East Elm	Caldwell	ID	83605	Secretary:	Charles P. Schneider, M.D.	206 East Elm	Caldwell	ID	83605	Directors:	Sidney J. Garber, M.D.	206 East Elm	Caldwell	ID	83605		Charles P. Schneider, M.D.	206 East Elm	Caldwell	ID	83605
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5. Nature of Business Medical Practice		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Sidney J. Garber, M.D.</u> Date <u>7/23/93</u> Name (Typed or Printed) <u>Sidney J. Garber, M.D.</u> Title <u>President</u>																																