

No. W 437 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than July 31, 2005 Annual Report Form 1. Mailing Address - Correct in this box, if applicable INTERMOUNTAIN ORTHOPAEDIC CLINIC, P JAMES M RETMIER, MD 714 N COLLEGE RD TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX JAMES M RETMIER, MD 714 N COLLEGE RD TWIN FALLS, ID 83301 3. New Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
owner/pres	James Retmick	714 N College Rd St A	TF	ID	83301
owner/pres	William May	714 N College Rd St A	TF	ID	83301
owner/pres	Blake B Johnson	714 N College Rd St A	TF	ID	83301
owner/pres	Mark Wright	714 N College Rd St A	TF	ID	83301

5. Organized Under the Laws of: IDAHO W 437	6. Signature <u>Melanie Kelly</u> Date <u>5-11-05</u> Name <small>(Typed or Printed)</small> <u>Melanie Kelly</u> Title <u>office manager</u>
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Issued 05/02/2005

Do Not Tape or Staple

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