No. W 437	Due no later than July 31, 2005	2. Registered Agent and Office NO PO
Return to:	Annual Report Form	
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	JAMES M RETMIER, MD
700 WEST JEFFERSON		714 N COLLEGE RD
PO BOX 83720	INTERMOUNTAIN ORTHOPAEDIC CLINIC, P JAMES M RETMIER, MD	TWIN FALLS, ID 83301
BOISE, ID 83720-0080	714 N COLLEGE RD	
DOISE, ID 63720-0080	TWIN FALLS, ID 83301	
NO FILING FEE IF	15 00001	3. New Registered Agent Signature
		o. How registered Agent Signature
RECEIVED BY DUE DATE		
<ol> <li>Limited Liability Compa</li> </ol>	anies: Enter Names and Addresses of Members.	
Office held Name		
pulper loves To - OL	Street or P.O. Address  Mick 714 N College Rd 5+ A TF  May 714 N College Rd 5+ A TF  MSON 714 N College Rd 5+ A TF  944 714 N College Rd 5+ A TF	Y <u>State</u> Zip
JAmes Karr	THER 114 N College Red ST 17 TF	II 83301
owner pres William M	vay 714 N College Lot STA TF	Id 93301
owner / gres Blake 6 Joh	ASON 714 N College Ld St. A TF	121 83301
some land mark While	ant TIGN (1/11-0 IN STA -C	Id 83301
, , , , , ,	The confirmation of	Id 83301
5. Organized Under the Laws of:	6.	
IDAHO	6. Signature Melani Luy	Date <i>5-ll-p</i>
	Signature Melani Luy	Date <i>5-11-0</i> 5
IDAHO		Date
IDAHO	Signature Melanie Kelly  Name (Typed or Melanie Kelly)	Date 5-11-05  Title Office manage
IDAHO W 437	Signature Melani Luy	Date 5-11-05  Title office manage 200507000295
IDAHO W 437	Signature Melanie Kelly  Name (Typed or Melanie Kelly)	
W 437	Signature Melanie Kelly  Name (Typed or Melanie Kelly)	
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