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|--|-------------------|---|-------|--|---------|-----------------------------|--|
| No. C 157518 | | Due no later than Nov 30, 2016 | | 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. ORTHOPAEDIC ASSOCIATES, P.A. JEFFREY G HESSING, MD 8854 W EMERALD ST #140 BOISE ID 83704 USA | | TIMOTHY E DOERR MD 8854 W EMERALD ST #140 BOISE ID 83704 | | | |
| | | | | 3. <u>New</u> 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 | |
| SECRETARY | TIMOTHY E DOERR | 8854 W EMERALD ST #140 | BOISE | ID | USA | 83704 | |
| PRESIDENT | JEFFREY G HESSING | 8854 W EMERALD ST #140 | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 157518 | | Signature: MARY SCHAFFER | | | | Date: 11/16/2016 | |
| | | Name (type or print): MARY SCHAFFER | | | | Title: CLINIC ADMINISTRATOR | |
| Processed 11/16/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |