

No. C 58064		Due no later than 4/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to:  SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SAWTOOTH ORTHOPEDIC & FRACTURE CLINIC, P.A. DELMER F-J PLETCHER <i>Pletcher</i> BOX 1332 SUN VALLEY ID 83353		KAREN HAWKES 100 HOSPITAL DR #107 KETCHUM ID 83340		
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature:		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.						
Office Held	Name	Street or PO Address	City	State	Zip	
President Delmer F-J Pletcher PO1332 Sun Valley ID 83353						
5. Organized Under the Laws of:  ID C 58064		6. Annual Report must be signed  Signature: <i>Delmer Pletcher</i> Date: 3/19/09 Name(type or print): Delmer F-J Pletcher Title: President				

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