

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