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| No. C 46608 | | Due no later than Dec 31, 2015 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. LEWISTON ORTHOPAEDIC ASSOCIATES, P.A. CINDY KEENE 320 WARNER DRIVE LEWISTON ID 83501 | | CINDY L KEENE 320 WARNER DRIVE LEWISTON ID 83501 | | |
| | | | | 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 |
| DIRECTOR | BRYAN J BEARDSLEY | 320 WARNER DRIVE | LEWISTON | ID | USA | 83501 |
| TREASURER | REGAN B HANSEN | 320 WARNER DRIVE | LEWISTON | ID | USA | 83501 |
| DIRECTOR | GREGORY D DIETRICH | 320 WARNER DRIVE | LEWISTON | ID | USA | 83501 |
| PRESIDENT | JOHN ADAM JELINEK | 320 WARNER DRIVE | LEWISTON | ID | USA | 83501 |
| SECRETARY | STEVEN R BOYEA | 320 WARNER DRIVE | LEWISTON | ID | USA | 83501 |
| DIRECTOR | TIMOTHY J FLOCK | 320 WARNER DRIVE | LEWISTON | ID | USA | 83501 |
| 5. Organized Under the Laws of: ID C 46608 | | 6. Annual Report must be signed.* Signature: CINDY L KEENE Name (type or print): CINDY L KEENE | | Date: 10/14/2015 Title: CEO | | |
| Processed 10/14/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |