

No. <b>C 155454</b>		<b>Due no later than Jul 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON 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>  INTERMOUNTAIN SPINE AND ORTHOPEDICS, PC JOHN A. COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293 USA		JOHN A COLEMAN 401 GOODING ST N STE 203 TWIN FALLS ID 83303			
				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	
PRESIDENT	DAVID M CHRISTENSEN	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293	
5. Organized Under the Laws of:  <b>ID</b> <b>C 155454</b>		6. Annual Report must be signed.*  Signature: John Coleman Name (type or print): John Coleman  Date: 06/14/2011 Title: Agent					
Processed 06/14/2011 * Electronically provided signatures are accepted as original signatures.							