

No. <b>C 155454</b>		<b>Due no later than Jul 31, 2011</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> INTERMOUNTAIN SPINE AND ORTHOPEADICS, 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 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.			