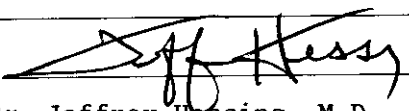
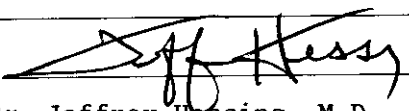
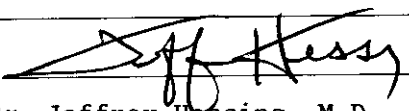


<b>No. W 4458</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Aug 31, 2000</b> <b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable ORTHOPEDIC CENTERS OF IDAHO, LLC JEFFREY G HESSING MD 901 N CURTIS RD STE 501  BOISE, ID 83706	2. Registered Agent and Office <b>NO PO BOX</b> JEFFREY G HESSING MD 901 N CURTIS RD STE 501  BOISE, ID 83706  3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Managers.
 

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Acting Pres	Jeffrey Hessing	901 N Curtis <sup>3</sup> 501, <sup>m</sup>	Boise, ID	83706	
	John Kloss	1075 N Curtis <sup>3</sup> 300	Boise, ID	83706	
	Thomas Goodwin	1075 N Curtis <sup>3</sup> 300	Boise, ID	83706	
	George Wade	1188 University Dr	Boise, ID	83706	

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 4458</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>7/26/2000</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Jeffrey Hessing, M.D.</u></td> <td>Title: <u>Acting Pres</u></td> </tr> </table>	Signature 	Date <u>7/26/2000</u>	Name <small>(Typed or Printed)</small> <u>Jeffrey Hessing, M.D.</u>	Title: <u>Acting Pres</u>
Signature 	Date <u>7/26/2000</u>				
Name <small>(Typed or Printed)</small> <u>Jeffrey Hessing, M.D.</u>	Title: <u>Acting Pres</u>				

Issued 06/01/2000

**Do Not Tape or Staple**

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