

No. C 62395	Due no later than Nov 30, 2002 Annual Report Form		2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable IDAHO ORTHOPAEDIC & SPORTS CLINIC, WILLIAM B. GOODMAN, M.D. 560 MEMORIAL DR POCATELLO, ID 83201		WILLIAM B. GOODMAN, M.D. 560 MEMORIAL DR POCATELLO, ID 83201																									
3. New Registered Agent Signature																												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>STEVEN COKER</td> <td>560 MEMORIAL DR.</td> <td>POC</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Vice Pres</td> <td>ANTHONY JOSEPH</td> <td>560 MEMORIAL DR</td> <td>POC</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Sec</td> <td>RYAN HALL</td> <td>560 MEMORIAL DR</td> <td>POC</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	STEVEN COKER	560 MEMORIAL DR.	POC	ID	83201	Vice Pres	ANTHONY JOSEPH	560 MEMORIAL DR	POC	ID	83201	Sec	RYAN HALL	560 MEMORIAL DR	POC	ID	83201
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5. Organized Under the Laws of: IDAHO C 62395		6. Signature <u><i>Ryan Hall</i></u> Date <u>9/18/02</u> Name (Typed or Printed) <u>RYAN HALL</u> Title <u>Sec</u>																										