

No. C122399	Annual Report Form 1995 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXX Suite 1 RANDY HAMM, 611 Wilson POCATELLO ID 83201
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct IDAHO PROSTHETICS AND ORTHOT XXXXXXXXXXXXXXXXXXXXX RANDY HAMM XXXXXXXXXXXXX 611 Wilson #1 POCATELLO ID 83201		3. Organized Under the Laws of: ID C122399
** FINAL NOTICE **			

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Randy Hamm	611 Wilson, Suite 1	Pocatello	ID	83201
Sec./Treas.	Joanne Hamm	611 Wilson, Suite 1	Pocatello	ID	83201
Director	Randy Hamm	611 Wilson, Suite 1	Pocatello	ID	83201
Director	Joanne Hamm	611 Wilson, Suite 1	Pocatello	ID	83201

5. Signature of New Registered Agent <i>X Randy Hamm</i> 611 Wilson Ave., Suite 1 Pocatello, ID 83201	6. Signature <i>X Randy Hamm</i> Date <u>11-27-98</u> Name (Typed or Printed) <u>RANDY HAMM</u> Title <u>PRESIDENT</u>
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ISSUED: 10-03-1998

DO NOT TAPE OR STAPLE

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