		2. Registered Agent and Office NO PO BOX
No. <b>w 437</b>	Due no later than Jul 31, 2002 Annual Report Form	JAMES M RETMIER, MD
Return to: SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable     INTERMOUNTAIN ORTHOPAEDIC CLINIC, P	496-F SHOUP AVE W
700 WEST JEFFERSON PO BOX 83720	LIAMES M RETMIER, MID	TWIN FALLS, ID 83301
BOISE, ID 83720-0080	496-F SHOUP AVE W	3. New Registered Agent Signature
NO FILING FEE IF	TWIN FALLS, ID 83301	
	Addresses of Members.	<del>-</del>
<ol> <li>Limited Liability Compa</li> </ol>	nies: Enter Names and Addresses of Members.  Street or P.O. Address	
Office held Name	Refiner MD 496 & Shoup Are w TF	(220)
Member James M	- may no 496 f Shamp the a The	-1 92201
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	2	8-12-02
5. Organized Under the Laws of:	2	Date _ 8-12-02
5. Organized Under the Laws of:	6. Signature Melanie Zel	II manage
5. Organized Under the Laws of:	6. Signature Melane Let	Jy Date 8-12-02 y Title Office managed