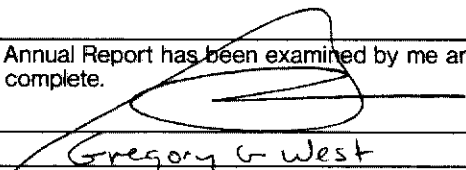
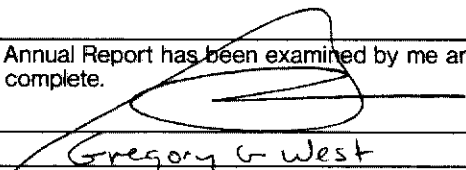
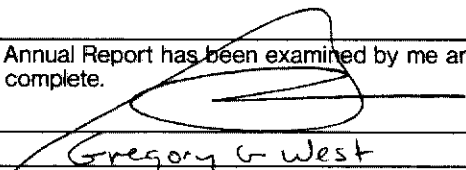


INSTRUCTIONS ON REVERSE SIDE

No. 95973 Return To Secretary of State Room 204, Statehouse Boise, ID 83720 Forfeited 12/01/1993 Fee: \$30.00	Idaho Corporation Annual Report Form Due No Later Than November 1, 1. Mailing Address — Please Correct WEST ORTHOPEDIC, P.A. GREGORY G. WEST 2001 S WOODRUFF IDAHO FALLS ID 83404 2730 channing way Idaho Falls, ID 83404	2. Registered Agent and Office WINSTON BEARD 683 N CAPITAL IDAHO FALLS ID 83402 3. Incorporated Under The Laws of ID																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Gregory G. West, M.D.</td> <td>683 N. Capital</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Secretary:</td> <td>Gregory G. West, M.D.</td> <td>683 N. Capital</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Directors:</td> <td>Gregory G. West, M.D.</td> <td>683 N. Capital</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Gregory G. West, M.D.	683 N. Capital	Idaho Falls	ID	83402	Secretary:	Gregory G. West, M.D.	683 N. Capital	Idaho Falls	ID	83402	Directors:	Gregory G. West, M.D.	683 N. Capital	Idaho Falls	ID	83402
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5. Nature of Business medicine and surgery	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>  Name (Typed or Printed) Gregory G. West </td> <td> 18 June 95 Title MD </td> </tr> </table>		Signature	Date	 Name (Typed or Printed) Gregory G. West	18 June 95 Title MD																				
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