| No. C 62395 | Due no later than November 30 Annual Report Form | 2. Registered Agent and C | |
|--|---|-----------------------------|------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address - Correct in this box, if ap IDAHO ORTHOPAEDIC & SPORTS CLINIC, WILLIAM B. GOODMAN, M.D. 560 MEMORIAL DR POCATELLO, ID 83201 | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | nes and Business Addresses of Presiden | t. Secretary and Directors. | |
| Corporations: Enter Name Office held Name | Street or P.O. Address | <u>City</u> <u>State</u> | <u>Zip</u> |
| Pres VERMON ES | | Pocateles 15 | 83201 |
| VICE KEN NEWH | ouse 500 Memoriae | Pocakello iD | 83201 |
| SEC Steve COK | of Sted MENOMINE | Pocatello 13 | 83201 |
| | | <i>//</i> | |
| 5. Organized Under the Laws of: IDAHO | 6. Signature | Date 10/5 | |
| C 62395 | Name (Typed or STEVE CO | | |
| Issued 09/01/2005 | Do Not Tape or Staple | e 2005110 | 002441 |