

No. W 437 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jul 31, 2003 Annual Report Form 1. Mailing Address - Correct in this box, if applicable INTERMOUNTAIN ORTHOPAEDIC CLINIC, P JAMES M RETMIER, MD 496-F SHOUP AVE W TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX JAMES M RETMIER, MD 496-F SHOUP AVE W TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	James M. Retmier, MD	496-F Shoup Ave W.	Twin Falls	ID	83301
Member	William F. May, MD	496-F Shoup Ave W.	Twin Falls	ID	83301
Member	Blake G. Johnson, MD	496-F Shoup Ave W.	Twin Falls	ID	83301

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 437</div>	6. Signature <u>Melanie Kelly</u> Date <u>5/27/03</u> <div style="display: flex; justify-content: space-between;"> Name <small>(Typed or Printed)</small> <u>MELANIE KELLY</u> Title <u>Office manager</u> </div>
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