No. C 79948		Due no later than Nov 30, 2010		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO ORTHOPAEDIC SOCIETY, INC. SHERI SASS PO BOX 140357 BOISE ID 83714		6057 N CAS	SHERI SASS 6057 N CASTLETON LN BOISE ID 83714			
				3. <u>New</u> Regist	3. New Registered Agent Signature:*			
4. Corporations: Enter Names	and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treasur	rer (optional).				
Office Held Na	me		Street or PO Address	City	State	Country	Postal Code	
	JOHN KLOSS JEFFREY HESSING		901 N CURTIS RD. STE 304 901 N CURTIS RD. STE 501	BOISE BOISE	ID ID	USA USA	83706 83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 79948		Signature: Sheri Sass		Date: (Date: 09/15/2010			
		Name (type or print): Sheri Sass		Title:	Title: Executive Director			
Processed 09/15/2010 * Electronically provided signatures are accepted as original signatures.								