

No. **W 437**

**Due no later than July 31, 2004  
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JAMES M RETMIER, MD  
~~XXXXXXXXXX~~  
TWIN FALLS, ID 83301

INTERMOUNTAIN ORTHOPAEDIC CLINIC, P  
JAMES M RETMIER, MD  
~~XXXXXXXXXX~~ **714 North College Road**  
TWIN FALLS, ID 83301

**714 North College Road**

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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, PA	714 North College Rd	Twin Falls	ID	83301
"	WILLIAM F MAY, PA	"	"	"	"
"	BLAKE G JOHNSON, PA	"	"	"	"

5. Organized Under the Laws of:

IDAHO  
W 437

6.

Signature

*William F May*

Date

8/23/04

Name (Type or Printed)

WILLIAM F MAY

Title

MEMBER