

No. W 437	Due no later than July 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX JAMES M RETMIER, MD 714 N COLLEGE RD TWIN FALLS, ID 83301																														
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable INTERMOUNTAIN ORTHOPAEDIC CLINIC, P JAMES M RETMIER, MD 714 N COLLEGE RD STE A TWIN FALLS, ID 83301		3. New Registered Agent Signature																														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>James M. Retmier MD</td> <td>714-A N. College Rd</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>member</td> <td>William May MD</td> <td>714-A N. College Rd</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>member</td> <td>Blake Johnson MD</td> <td>714-A N. College Rd</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>member</td> <td>Mark Wright MD</td> <td>714-A N. College Rd</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	James M. Retmier MD	714-A N. College Rd	TWIN FALLS	ID	83301	member	William May MD	714-A N. College Rd	TWIN FALLS	ID	83301	member	Blake Johnson MD	714-A N. College Rd	TWIN FALLS	ID	83301	member	Mark Wright MD	714-A N. College Rd	TWIN FALLS	ID	83301
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5. Organized Under the Laws of: IDAHO W 437		6. Signature  Date <u>5/12/06</u> Name (Typed or Printed) <u>JAMES M. RETMIER</u> Title <u>President</u>																															

Issued 05/02/2008

Do Not Tape or Staple

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