

No. C112081

Annual Report Form 1997

2. Registered Agent and Office NOT A P.O. BOX

Due No Later Than November 30,

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

1. Mailing Address - Please Correct, If Not Correct

ASPEN ORTHOPEDIC, P.A.  
EDWIN M CLARK  
6565 EMERALD

EDWIN M CLARK  
6565 EMERALD

BOISE ID 83704

NO FEE REQUIRED

3. Organized Under the Laws of:

\* FIRST NOTICE \*

BOISE ID 83704

ID C112081

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of  **Managers** or  **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Edwin Clark M.D.	6506 Emerald	Boise	ID.	83704
Sec.					

5.

6. Signature Edwin M. Clark Date 7/15/97  
Name (Typed or Printed) Edwin M. Clark Title Pres.

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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