

No. C 44684	Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES P SCHNEIDER 206 E ELM ST CALDWELL ID 83605-4815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ORTHOPEDIC & FRACTURE CLINIC, P.A. WHITE PETERSON ET AL BOX 247 NAMPA ID 83653-0247		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT/DIRECTOR	GEORGE A. NICOLA, M.D.	206 EAST ELM STREET	CALDWELL, ID	USA		83605-4815
VICE-PRESIDENT/DIRECTOR	JOHN Q. SMITH, M.D.	206 EAST ELM STREET	CALDWELL, ID	USA		83605-4815
VICE-PRESIDENT/DIRECTOR	ROBERT G. HANSEN, M.D.	206 EAST ELM STREET	CALDWELL, ID	USA		83605-4815
SECRETARY-TREASURER/DIRECTOR	CHARLES P. SCHNEIDER, M.D.	206 EAST ELM STREET	CALDWELL, ID	USA		83605-4815

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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO C 44684 </div>	6. Signature: <i>CP Schneider</i> Date: <i>11/22/13</i> <hr/> Name (type or print): _____ Title: _____ <div style="display: flex; justify-content: space-between;"> CHARLES P. SCHNEIDER, M.D. SECRETARY </div>
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