

| <b>No. 056660</b><br><br>Return To<br><br><b>Secretary of State</b><br>Room 203, Statehouse<br>Boise, ID 83720<br><br>RECEIVED<br>SEC. OF STATE<br>87 JUL 16 AM 10:57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Idaho Corporation Annual Report Form</b><br><br>Due No Later Than November 1, 1987<br>1. Mailing Address — Please Correct 056660<br><br><b>JACK S. BLAISDELL, M.D. CHARTERED</b><br><b>JACK S. BLAISDELL, M.D.</b><br><b>1327 SUPERIOR ST.</b><br><b>SANDPOINT, IDAHO</b>                                                                                                                                                                                                                    | 2. Registered Agent and Office<br><br><b>J.S. BLAISDELL, M.D.</b><br><b>1327 SUPERIOR ST.</b><br><b>SANDPOINT, ID</b><br><b>83864</b><br><br>3. Incorporated Under The Laws<br>of<br><br><b>STATE OF IDAHO</b> |                                                                |                                 |                               |             |              |            |            |                         |                                  |  |  |       |            |                    |                                 |  |  |       |            |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------|-------------------------------|-------------|--------------|------------|------------|-------------------------|----------------------------------|--|--|-------|------------|--------------------|---------------------------------|--|--|-------|------------|--|--|--|--|--|
| 4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 35%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Jack S. Blaisdell, M.D.</td> <td>1327 Superior St., Sandpoint, ID</td> <td></td> <td></td> <td>83864</td> </tr> <tr> <td>Secretary:</td> <td>Famie M. Blaisdell</td> <td>1327 Superior St. Sandpoint, ID</td> <td></td> <td></td> <td>83864</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                |                                                                | <u>Name</u>                     | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | Jack S. Blaisdell, M.D. | 1327 Superior St., Sandpoint, ID |  |  | 83864 | Secretary: | Famie M. Blaisdell | 1327 Superior St. Sandpoint, ID |  |  | 83864 | Directors: |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Name</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Street or P.O. Address</u>                                                                                                                                                                                  | <u>City</u>                                                    | <u>State</u>                    | <u>Zip</u>                    |             |              |            |            |                         |                                  |  |  |       |            |                    |                                 |  |  |       |            |  |  |  |  |  |
| President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Jack S. Blaisdell, M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1327 Superior St., Sandpoint, ID                                                                                                                                                                               |                                                                |                                 | 83864                         |             |              |            |            |                         |                                  |  |  |       |            |                    |                                 |  |  |       |            |  |  |  |  |  |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Famie M. Blaisdell                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1327 Superior St. Sandpoint, ID                                                                                                                                                                                |                                                                |                                 | 83864                         |             |              |            |            |                         |                                  |  |  |       |            |                    |                                 |  |  |       |            |  |  |  |  |  |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                |                                                                |                                 |                               |             |              |            |            |                         |                                  |  |  |       |            |                    |                                 |  |  |       |            |  |  |  |  |  |
| 5. Nature of Business<br><br><b>Orthopaedic Surgery</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">                     Signature <u>J S Blaisdell M.D.</u><br/>                     Name (Typed or Printed)                 </td> <td style="width: 40%;">                     Date <u>13 July 87</u><br/>                     Title                 </td> </tr> </table> |                                                                                                                                                                                                                | Signature <u>J S Blaisdell M.D.</u><br>Name (Typed or Printed) | Date <u>13 July 87</u><br>Title |                               |             |              |            |            |                         |                                  |  |  |       |            |                    |                                 |  |  |       |            |  |  |  |  |  |
| Signature <u>J S Blaisdell M.D.</u><br>Name (Typed or Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date <u>13 July 87</u><br>Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                |                                                                |                                 |                               |             |              |            |            |                         |                                  |  |  |       |            |                    |                                 |  |  |       |            |  |  |  |  |  |

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