

No. C 56219	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		THOMAS J. SETTER M.D. 1414 SOUTH 35 WEST IDAHO FALLS ID 83402												
	SETTER ORTHOPEDICS, P.A. THOMAS J. SETTER, M.D. 1414 S. 35TH W.														
* FIRST NOTICE *	IDAHO FALLS ID 83402		3. Organized Under the Laws of: ID C 56219												
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)															
<table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6"> PRESIDENT THOMAS J. SETTER, M.D. 1414 S. 35TH W. IDAHO FALLS ID 83402 SECRETARY CHARLES SETTER 1414 S. 35TH W. IDAHO FALLS ID 83402-5538 </td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT THOMAS J. SETTER, M.D. 1414 S. 35TH W. IDAHO FALLS ID 83402 SECRETARY CHARLES SETTER 1414 S. 35TH W. IDAHO FALLS ID 83402-5538					
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5. NATURE OF BUSINESS ORTHOPEDICS	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>[Signature]</u> Date <u>15 July 96</u> Name (Typed or Printed) <u>THOMAS J. SETTER</u> Title <u>PRESIDENT</u>														

ISSUED: 07-06-1996

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