

No. <b>C 168959</b>		<b>Due no later than Sep 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BOISE SHOULDER CLINIC, P.A. KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702		KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	C. SCOTT HUMPHREY	8756 W EMERALD ST SUITE 176	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID</b> <b>C 168959</b>		Signature: C. Scott Humphrey				Date: 07/21/2009	
		Name (type or print): C. Scott Humphrey				Title: Owner	
Processed 07/21/2009		* Electronically provided signatures are accepted as original signatures.					