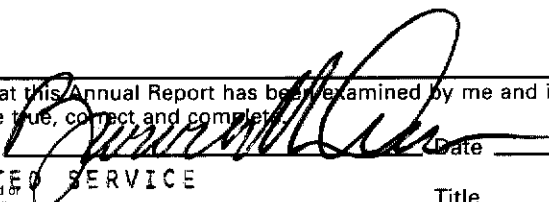


No. <b>C104803</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>MICHAEL LEE</b> <b>2930 BALBOA DR</b>  <b>IDAHO FALLS ID 83404</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of:  <div style="display: flex; justify-content: space-between;"> <span><b>UT</b></span> <span><b>C104803</b></span> </div>		
	HOWMEDICA MOUNTAIN STATES, I PETER W GRIFFEN 445 BEARCAT DR  <b>SALT LAKE CITY UT 84115</b>				
* <b>FIRST NOTICE</b> *					
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	PETER W. GRIFFEN	445 Bearcat Dr.	SLL	UT	84115
SEC.	BROWDER M. CAEN	" " "	SLL	UT	84115
DIR.	Michael C. Lee	2930 Balboa Dr.	Idaho Falls	ID.	83404
5. <b>NATURE OF BUSINESS</b>  <b>SELLING MEDICAL IMPLANTS/RELATED SERVICE</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. Signature  _____ Date _____ Name <small>(Typed or Printed)</small> _____ Title _____			

ISSUED: 07-06-1996

5498