

No. C104803

Annual Report Form  
Due No Later Than November 30, 1996Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

\* FIRST NOTICE \*

## 1. Mailing Address - Please Correct, If Not Correct

HOWMEDICA MOUNTAIN STATES, I  
PETER W GRIFFEN  
445 BEARCAT DR

SALT LAKE CITY UT 84115

2. Registered Agent and Office NOT A P.O. BOX

MICHAEL LEE  
2930 BALBOA DR  
IDAHO FALLS ID 83404

## 3. Organized Under the Laws of:

UT C104803

## 4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRES.	PETER W. GRIFFEN	445 Bearcat Dr.	SLC	UT	84115
SEL.	BROWDER M. OREN	" " "	SLC	UT	84115
DIR.	Michael C. Lee	2930 Balboa Dr. Idaho Falls Id. 83404			

## 5. NATURE OF BUSINESS

SELLING MEDICAL IMPLANTS/RELATED SERVICE

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

(Type or  
Name Printed)

Date

Title

ISSUED: 07-06-1996

5498