No. C 46608	Due no later than December 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable 11.	CINDY L KEENE 320 WARNER DRIVE
	LEWISTON ORTHOPAEDIC ASSOCIATES, P. 320 WARNER DRIVE LEWISTON, ID 83501	LEWISTON, ID 83501
NO FILING FEE IF RECEIVED BY DUE DATE		New Registered Agent Signature
Corporations: Enter I	arnes and Business Addresses of President, Secret	ary and Directors.
Secretary Stephe Treasurer Marvin Vice PresidenGregor	Street or P.O. Address y J. Flock 320 Warner Dr. Lewis n R. Boyea R. Kym y D. Dietrich B. Hansen	
5. Organized Under the Laws of: IDAHO C 46608	Signature Name Printed or Cindy L. Keene	Date
Issued 10/01/2008	Do Not Tape or Staple	200812000289

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