No. W 457	Annual Report Form 1997 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address - Please Correct, If Not Correct INTERMOUNTAIN ORTHOPAEDIC CL	JAMES M RETHTER, MD 496-5 SHOUP AVE W
PO BOX 83720 BOISE, ID 83720-0080	JAMES M RETMIER, MD 496-F SHOUP AVE W	TWIN FALLS ID 83301
NO FEE REQUIRED		3. Organized Under the Laws of:
* FIRST NOTICE *	TWIN FALLS ID 83301	10 W 437
 Corporations: Enter Names and E Limited Liability Companies: Enter 	Business Addresses of President, Secretary and Directors or Names and Addresses of Addresses of Managers or Members (
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Member William F.	May M.D 2750 Skyline brice	Twinfalls, Idaho 85381
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Member William F. SIGNATURE OF CURRE	NT RA 6. Signature Ryon G. M. G.	Twinfalls, Idaho 85381
Member William F.	NT RA 6. Signature Ryon G. M. G.	Winfalls, Idaho 83381 Winfalls, Idaho 83381
Member William F. SIGNATURE OF CURRE	NT RA 6. Signature Ryon G. M. G.	Wintalls, Idaho 85381 Wintalls, Idaho 85381 Title 8-13-97 Ly Title Alministrator
Member William F. SIGNATURE OF CURRE	NT RA 6. Signature Ryon G. M. G.	Wintalls, Idaho 85301 Wintalls, Idaho 85301 Ly Date 8-13-97 Ly Title Alministrator