

No. W 437

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
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

INTERMOUNTAIN ORTHOPAEDIC CL
JAMES M RETMIER, MD
496-F SHOUP AVE W

TWIN FALLS ID 83301

JAMES M RETMIER, MD
496-F SHOUP AVE W

TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID W 437

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

Member James M. Retmier M.D. - 1173 Hawkins Rd. North Twin Falls, Idaho 83301

Member William F. May M.D. - 2750 Skyline Drive Twin Falls, Idaho 83301

5. SIGNATURE OF CURRENT RA

6.

Signature

Date

8-13-97

Name (Typed or Printed)

Title

Administrator

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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