

No. C 44684 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	Annual Report Form Due No Later Than November 30, 1997 1. Mailing Address - Please Correct, If Not Correct ORTHOPEDIC & FRACTURE CLINIC WHITE, PETERSON, PRUSS BOX 247	2. Registered Agent and Office NOT A P.O. BOX SIDNEY J. GARBER 206 E. ELM CALDWELL ID 83605 3. Organized Under the Laws of:
* FIRST NOTICE * NAMPA ID 83653 ID C 44684		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
Pres./Dir.	Sidney J. Garber	206 East Elm Street
Secy./Dir.	Charles P. Schneider	206 East Elm Street
VP/Dir.	George A. Nicola	206 East Elm Street
		<div style="display: flex; justify-content: space-between;"> <u>City</u> <u>State</u> <u>Zip</u> </div> <div style="display: flex; justify-content: space-between;"> Caldwell ID 83605 </div> <div style="display: flex; justify-content: space-between;"> Caldwell ID 83605 </div> <div style="display: flex; justify-content: space-between;"> Caldwell ID 83605 </div>
5.	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature <u>Charles P. Schneider</u> Name (Typed or Printed) <u>Charles P. Schneider</u> </div> <div> Date <u>10/20/97</u> Title <u>Secretary</u> </div> </div>	

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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