

No. C 152843

Due no later than January 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ORTHOPRO, INC.
762 NORTH COLLEGE RD STE A
TWIN FALLS, ID 83302

83301

~~DAVID A BLACKMAN~~ Michael Johnson
~~348 4TH AVE S~~ 762 N College Rd
TWIN FALLS, ID Suite A
Twin Falls ID
83301NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature



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

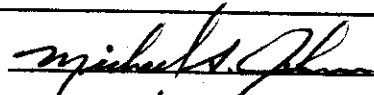
Office held	Name	Street or P.O. Address	City	State	Zip
President	Michael S Johnson	762 N College Rd Suite A	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
C 152843

6.

Signature



Date

11/07/06

Name (Typed or Printed)

Michael S Johnson

Title

President

Issued 11/01/2006

Do Not Tape or Staple

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