

No. C 168959		Due no later than Sep 30, 2011 Annual Report Form		2. Registered Agent and Address (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 needed. BOISE SHOULDER CLINIC, P.A. KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702		KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	C. SCOTT HUMPHREY	8756 W EMERALD ST SUITE 176	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 168959		6. Annual Report must be signed.* Signature: Angie Lake Name (type or print): Angie Lake Date: 07/21/2011 Title: Office Manager					
Processed 07/21/2011 * Electronically provided signatures are accepted as original signatures.							