

62623

No.	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office NOT A P.O. BOX		
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	Due No Later Than November 1, 1992		<b>SETH L. JENKINS</b> <b>375 ELM STREET</b>		
	1 Mailing Address - Please Correct, If Not Correct		<b>IDAHO FALLS ID 83401</b>		
	<b>NORTHWEST ORTHOTICS PROSTHETICS</b> <b>SETH L. JENKINS</b> <b>BOX 2235</b>  <b>IDAHO FALLS ID 83403 0000</b>		3. Incorporated Under The Laws of <b>ID</b> <b>NO: 62623</b>		
4. Names and Addresses of Officers and Directors					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Seth L. Jenkins	120 Fieldstream	Idaho Falls	Idaho	83404
Secretary:	Thomas Jenkins	2356 Mesa	Idaho Falls	Idaho	83401
Directors:	Seth L. Jenkins	120 Fieldstream	Idaho Falls	Idaho	83404
	Thomas Jenkins	2356 Mesa	Idaho Falls	Idaho	83401
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.			
Orthotics & Prosthetic		Signature <u>Seth L. Jenkins</u> Name (Printed) <b>Seth L. Jenkins</b>		Date <u>9-18-92</u> Title <b>President</b>	