

No. W 15548		Due no later than Jun 30, 2009		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ORTHOPEDIC SURGERY AND SPORTS MEDICINE CLINIC, L.L.C. (THE) GAIL JO BATCHELDER 850 IRONWOOD DR STE 202 COEUR D ALENE ID 83814 USA		ADAM J OLSCAMP MD 850 IRONWOOD DR STE 202 COEUR D'ALENE ID 83814	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	ADAM J OLSCAMP	850 IRONWOOD DRIVE, # 202	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 15548		6. Annual Report must be signed.* Signature: Adam Olscamp Name (type or print): Adam Olscamp Date: 04/16/2009 Title: M.D. -Owner			
Processed 04/16/2009		* Electronically provided signatures are accepted as original signatures.			