

No. W 15548		Due no later than Jun 30, 2009 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. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ADAM J OLSCAMP	Street or PO Address 850 IRONWOOD DRIVE, # 202		City COEUR D'ALENE	State ID	Country USA	Postal Code 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.							