No. W 87504		Due no later than Oct 31, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		INLAND ORT	INLAND ORTHOPAEDIC SURGERY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EDWIN M. TINGSTAD, M.D., PLLC DAVID TINGSTAD 143 3RD AVE SOUTH STE 200 EDMONDS WA 98020		2500 WEST MOSCOW ID 83843 3. New Registered Agent Signature:*				
NO FILING RECEIVED BY	DUE DATE	mos and Addresss	es of at least one Member or Manager.					
Office Held	Name	illes alla Adalessa	Street or PO Address	City	State	Country	Postal Code	
MEMBER	EDWIN TING	STAD	2500 WEST A STREET STE 200	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA W 87504		Signature: David Tingstad		Date: 08/23/2011				
		Name (type or print): David Tingstad		Title: Registered Agent				
Processed 08/23/2011		* Electronically p	rovided signatures are accepted as original s	signatures.			_	