

No. W 159902		Due no later than Dec 31, 2017		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. SKY SURGICAL, LLC SKY SURGICAL, LLC 72 LEISURE LANE SANDPOINT ID 83864		PAUL KUSCHE 72 LEISURE LANE SANDPOINT ID 83864			
				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	
MANAGER	PAUL KUSCHE	72 LEISURE LANE	SANDPOINT	ID	USA	83864	
MANAGER	ANDREW LUNDQUIST	MANKADO CLINIC	MINNEAPOLIS	MN	USA	56001	
MANAGER	JOHN FISHER	NORTH IDAHO ORTHOPEDIC	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID W 159902		6. Annual Report must be signed.* Signature: Paul R. Kusche Name (type or print): Paul R. Kusche					
		Date: 11/21/2017 Title: Manger					
Processed 11/21/2017		* Electronically provided signatures are accepted as original signatures.					