No. **W 16839**	**Due no later than Oct 31, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SUMMIT ORTHOPAEDICS MANAGEMENT AND CONSULTING, PLLC JULIE DENNY 2321 CORONADO ST IDAHO FALLS ID 83404	PHILIP R MCCOWIN MD 2321 CORONADO ST IDAHO FALLS ID 83404 3. New 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	GREGORY G WEST MD	2730 CHANNING WAY	IDAHO FALLS	ID		83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 16839**	Signature: JUlie Denny	Date: 09/12/2016
	Name (type or print): JUlie Denny	Title: Practice Administrator

Processed 09/12/2016

* Electronically provided signatures are accepted as original signatures.