

No. W 16840	Due no later than Oct 31, 2010 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 SPECIALISTS, PLLC JULIE POND 2321 CORONADO ST IDAHO FALLS ID 83404		PHILIP R MCCOWIN MD 2321 CORONADO IDAHO FALLS ID 83404			
			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	GREGORY G WEST MD	2730 CHANNING WAY	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 16840	6. Annual Report must be signed.* Signature: Julie Pond Name (type or print): Julie Pond		Date: 08/10/2010 Title: Administrator			
Processed 08/10/2010		* Electronically provided signatures are accepted as original signatures.				