

No. W 33613	Due no later than Oct 31, 2011 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. CLEARWATER ORTHOTICS & PROSTHETICS, LLC JOSEPH M THORNTON 801 BRYDEN AVE LEWISTON ID 83501-4927 USA		JOSEPH THORNTON 801 BRYDEN AVE LEWISTON ID 83501-4927			
			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	JOSEPH THORNTON	801 BRYDEN AVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 33613	6. Annual Report must be signed.* Signature: Joseph Thornton Name (type or print): Joseph Thornton		Date: 08/30/2011 Title: Manager			
Processed 08/30/2011		* Electronically provided signatures are accepted as original signatures.				