

No. <b>W 6865</b>		<b>Due no later than Sep 30, 2016</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ORTHOPAEDIC LEASING, LLC 8854 W EMERALD ST STE 140 BOISE ID 83704		JEFFREY G HESSING MD 8854 W EMERALD ST STE 140 BOISE ID 83704	
				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
MEMBER	JEFFREY G HESSING, M.D.	901 N CURTIS RD STE 501	BOISE	ID	83706
MEMBER	TIMOTHY E DOERR, MR.D.	901 N CURTIS RD STE 501	BOISE	ID	83706
5. Organized Under the Laws of:  <b>ID W 6865</b>		6. Annual Report must be signed.* Signature: Mary Schaffer Name (type or print): Mary Schaffer Date: 08/01/2016 Title: Clinic Administrator			
Processed 08/01/2016		* Electronically provided signatures are accepted as original signatures.			