No. W 15548	Due no later than June 30, 2006	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	ADAM J OLSCAMP MD
700 WEST JEFFERSON	UKTHUPEDIC SURGERY AND SPORTS MEDIC	850 IRONWOOD DR STE 202
PO BOX 83720	1 000 IKOMMOOD DK STE 202	COEUR D ALENE, ID 83814
BOISE, ID 83720-0080	COEUR D ALENE, ID 83814	
NO FILING THE I		
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		5 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
4. Limited Liability Compan	ies: Enter Names and Addresses of Members.	
Office held Name		· · · · · · · · · · · · · · · · · · ·
	Street or P.O. Address City	<u>State</u> Zip
tres Namo	Scamp 850 Ironwood CAA	· EO 83814
Pres Alamo V Pres Roger D Secretary Gail B	Scamp 850 Ironwood CLA	ED 83814
A Pros	CLA	- 80 ⁴
Secretary Gail &	athelder	
,		EO 5
}		
		
5. Organized Under the Laws of:	6.	
IDAHO	6.	
	6. Signature	Date 4-2706
IDAHO	Signature	1.0
IDAHO		Date 4-2006 Title MO Owner