

No. W 12237		Due no later than Jun 30, 2012		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. ORTHOPEDIC SURGERY CENTER OF IDAHO, LLC ROBYN D CROSBY 1425 W RIVER ST BOISE ID 83702		DAVID M LAMEY MD 1425 W RIVER ST BOISE ID 83702			
				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	DAVID M LAMEY	5395 N CATTAIL WAY	BOISE	ID	USA	83203	
5. Organized Under the Laws of: ID W 12237		6. Annual Report must be signed.* Signature: Robyn Crosby Name (type or print): Robyn Crosby Date: 06/10/2012 Title: Administrator					
Processed 06/10/2012		* Electronically provided signatures are accepted as original signatures.					