

No. W 6865		Due no later than Sep 30, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ORTHOPAEDIC LEASING, LLC MARK C CLAWSON, M.D. 901 N CURTIS RD STE 501 BOISE ID 83706 USA		MARK C CLAWSON, M.D. 901 N CURTIS RD STE 501 BOISE ID 83706		
				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	JARED P TADJE	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	GREGORY P SCHWEIGER	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	MARK C CLAWSON, M.D.	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	JEFFREY G HESSING, M.D.	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	MARK C MEIER, M.D.	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	TIMOTHY E DOERR, MR.D.	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 6865		Signature: Mark C Clawson Name (type or print): Mark C Clawson		Date: 07/16/2009 Title: Owner		
Processed 07/16/2009		* Electronically provided signatures are accepted as original signatures.				