

No. W 98575		Due no later than Dec 31, 2013 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		1. Mailing Address: Correct in this box if needed. T.K. ORTHOPAEDIC LLC THOMAS E KOTO 3920 ESTEN AVE N BOISE ID 83703		THOMAS KATO 3920 ESTEN AVE N BOISE ID 83703			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name THOMAS EJJI KOTO	Street or PO Address 3920 ESTEN AVE N		City BOISE	State ID	Country USA	Postal Code 83703
5. Organized Under the Laws of: ID W 98575		6. Annual Report must be signed.* Signature: Thomas E. Koto Name (type or print): Thomas E. Koto Date: 12/23/2013 Title: President					
Processed 12/23/2013 * Electronically provided signatures are accepted as original signatures.							