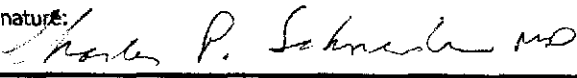
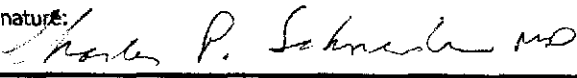
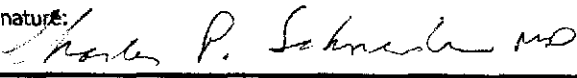


No. W 3668	Due no later than Mar 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES P SCHNEIDER MD 856 W ASHBOURNE DR EAGLE ID 83616-6433
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SNAKE RIVER SPORTS MEDICINE, L.L.C. % PHILIP A PETERSON PO BOX 247 NAMPA ID 83653-0247		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	CHARLES P. SCHNEIDER, M.D.	856 WEST ASHBOURNE DRIVE	EAGLE	ID	USA	83616-6433
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	GEORGE A. NICOLA, M.D.	206 EAST ELM STREET	CALDWELL	ID	USA	83605-4815
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

0A/SRSM-2017 ANN-RPT.wpd

5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 3668 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>3/29/17</u> </td> </tr> <tr> <td colspan="2"> Name (type or print): <u>CHARLES P. SCHNEIDER, M.D.</u> </td> </tr> <tr> <td colspan="2"> Title: <u>MEMBER</u> </td> </tr> </table>	Signature: 	Date: <u>3/29/17</u>	Name (type or print): <u>CHARLES P. SCHNEIDER, M.D.</u>		Title: <u>MEMBER</u>	
Signature: 	Date: <u>3/29/17</u>						
Name (type or print): <u>CHARLES P. SCHNEIDER, M.D.</u>							
Title: <u>MEMBER</u>							

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