

No. W 6865		Due no later than Sep 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		Annual Report Form		MARK C CLAWSON, M.D. 901 N CURTIS RD STE 501 BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ORTHOPAEDIC LEASING, LLC MARK C CLAWSON, M.D. 901 N CURTIS RD STE 501 BOISE ID 83706 USA					
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	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	
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	
5. Organized Under the Laws of: ID W 6865		6. Annual Report must be signed.* Signature: Mark Clawson Name (type or print): Mark Clawson		Date: 07/11/2012 Title: Secretary			
Processed 07/11/2012		* Electronically provided signatures are accepted as original signatures.					