

No. W 6865

Due no later than September 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ORTHOPAEDIC LEASING, LLC
MARK C CLAWSON, M.D.
901 N CURTIS RD STE 501
BOISE, ID 83706MARK C CLAWSON, M.D.
901 N CURTIS RD STE 501
BOISE, ID 83706NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Ed Davis Jr	901 N Curtis Rd	Boise	Id	83706
-	Larry Hain	-	-	-	-
-	Mark Clawson	-	-	-	-
-	Mark Hain	-	-	-	-
-	Tom Davis	-	-	-	-
-	Gary Johnson	-	-	-	-

5. Organized Under the Laws of:

IDAHO
W 6865

6.

Signature

Mark C Clawson

Date

9/6/07

Name (Typed or Printed)

Mark Clawson, MD

Title

Member

Issued 07/02/2007

Do Not Tape or Staple

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