

No. <b>W 142800</b>		<b>Due no later than Oct 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ORTHOPEDIC SPECIALTY INSTITUTE, LLC DR JEFFREY R LYMAN MD 1875 N LAKEWOOD DR STE 200 COEUR D ALENE ID 83814		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705	
				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
MANAGER	JENNIFER MILEY	1875 N. LAKEWOOD DR. #200	COEUR D' ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID W 142800</b>		6. Annual Report must be signed.* Signature: Jennifer Miley Name (type or print): Jennifer Miley Date: 08/24/2015 Title: COO			
Processed 08/24/2015		* Electronically provided signatures are accepted as original signatures.			