

|  |                            |  |            |   |         |             |  |
|--|----------------------------|--|------------|---|---------|-------------|--|
| No. <b>W 437</b>   |                            | <b>Due no later than Jul 31, 2014</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>                      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                            | <b>1. Mailing Address: Correct in this box if needed.</b><br>INTERMOUNTAIN ORTHOPAEDIC CLINIC, P.L.L.C.<br>JOHN A COLEMAN<br>PO BOX 1293<br>TWIN FALLS ID 83303-1293 |            | JAMES M RETMIER, MD<br>738 N COLLEGE RD, SUITE A<br>TWIN FALLS ID 83301 |         |             |  |
|  |                            |  |            | 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 |  |
| MEMBER   | JAMES M RETIMIER M.D. P.A. | 738 N COLLEGE RD, SUITE A  | TWIN FALLS | ID  | USA     | 83301       |  |
| MEMBER   | WILLIAM F MAY M.D. P.A.    | 738 N COLLEGE RD, SUITE A  | TWIN FALLS | ID  | USA     | 83301       |  |
| MEMBER   | BLAKE JOHNSON M.D. P.A.    | 738 N COLLEGE RD, SUITE A  | TWIN FALLS | ID  | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 437</b>   |                            | 6. Annual Report must be signed.*<br>Signature: John Coleman<br>Name (type or print): John Coleman<br>Date: 08/14/2014<br>Title: Agent                               |            |   |         |             |  |
| Processed 08/14/2014   |                            | * Electronically provided signatures are accepted as original signatures.  |            |   |         |             |  |