

No. W 91110		Due no later than Mar 31, 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 1. Mailing Address: Correct in this box if needed. CLARK ROBINSON ORTHOPAEDICS PLLC T CLARK ROBINSON IV PO BOX 1942 NAMPA ID 83653		T CLARK ROBINSON IV 8605 DIAMOND CT NAMPA ID 83686			
				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	T CLARK ROBINSON IV	PO BOX 1942	NAMPA	ID	USA	83653	
5. Organized Under the Laws of: ID W 91110		6. Annual Report must be signed.* Signature: Clark Robinson Name (type or print): Clark Robinson Date: 01/07/2012 Title: Manager					
Processed 01/07/2012		* Electronically provided signatures are accepted as original signatures.					