No. <b>W 15548</b>		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Aı	ROGER C DUNTEMAN 850 IRONWOOD DR STE 202 COEUR D'ALENE ID 83814-4903				
		1. Mailing Address: Correct in this box if needed.  ORTHOPEDIC SURGERY AND SPORTS MEDICINE CLINIC, L.L.C. (THE) KELLY ANN SISSON					
NO FILING FEE IF RECEIVED BY DUE DATE		850 IRONWOOD DR STE 202 COEUR D ALENE ID 83814-4903 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compan	ies: Enter Na	mes and Addresses of	of at least one Member or Manager.				
Office Held	Office Held Name		Street or PO Address	City	State	Country	Postal Code
MEMBER DOUGLAS P M MEMBER WILLIAM F SI MEMBER ROGER C DUN		SIMS	850 IRONWOOD DRIVE, STE 202 850 IRONWOOD DRIVE, STE 202 850 IRONWOOD DRIVE, STE 202	COEUR D'ALENE COEUR D'ALENE COEUR D'ALENE	ID ID	USA USA USA	83814-4903 83814-4903 83814-4903
MEMBER SCOTT A BROWN			850 IRONWOOD DRIVE, STE 202	COEUR D ALENE	ĪD	USA	83814-4903
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 15548		Signature: Kelly A Sisson		Date: 04/27/2017			
		Name (type or print): Kelly A Sisson		Title: Office Manager			
Processed 04/27/2017 * Electronically provided signatures are accepted as original signatures.							