

August 8, 1995

INLAND ORTHOPAEDIC SURGERY...  
BARBARA COCHRANE  
623 S MAIN STE 6  
MOSCOW ID 83843

RE: INLAND ORTHOPAEDIC SURGERY...File Number W 436

Dear Ms. Cochrane:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

You have stated that your limited liability company has gone out of business or is not transacting business in Idaho. The records of this office, however, do not indicate that the limited liability company has filed a formal dissolution.

If you wish to formally dissolve your limited liability company, you must comply with the requirements of Section 53-647, Idaho Code, by filing the enclosed form, articles of dissolution limited liability company, in duplicate with this office along with the required statutory fee of \$30.00. The articles of dissolution, or an annual report, should be filed before December 1, 1995 to avoid cancellation.

If instead you wish to just allow the limited liability company's articles of organization to be cancelled, then please disregard any subsequent annual report forms which you may receive and the articles of the limited liability company will automatically be cancelled on December 1, 1995.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

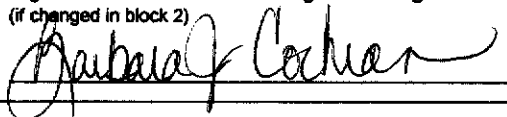

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

## INSTRUCTIONS ON REVERSE SIDE

2000-01-01 1995

No. 436	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To	Due No Later Than November 30, 1995		BARBARA COCHRANE	
Secretary of State 700 W Jefferson P.O. Box 83720	1. Mailing Address -- Please Correct If Not Correct		623 S MAIN STE 6	
* Boise, ID 83726-9089 *	INC AND ORTHOPAEDIC SURGERY S SE		MOSCOW ID 83843	
NO FEE REQUIRED	BARBARA COCHRANE		3. Organized Under The Laws of	
	623 S MAIN STE 6		ID	
	MOSCOW ID 83843		NO: 436	
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED				
Name	Street or P.O. Address	City	State	Zip
<p>The Idaho Limited Liability Company was dissolved on January 1, 1995</p>				
5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.		
		Signature  Date 7/17/95 Name (Typed or Printed) CHARLES A. JACOBSON		