No. **W 33613**	**Due no later than Oct 31, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** CLEARWATER ORTHOTICS & PROSTHETICS, LLC JOSEPH M THORNTON 801 BRYDEN AVE LEWISTON ID 83501	JOSEPH THORNTON 801 BRYDEN AVE LEWISTON ID 83501 3. New 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	JOSEPH THORNTON	801 BRYDEN AVE	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 33613**	Signature: Joseph Thornton	Date: 11/20/2009
	Name (type or print): Joseph Thornton	Title: Manager

Processed 11/20/2009

* Electronically provided signatures are accepted as original signatures.