No. **C 181948**	**Due no later than Feb 28, 2017**	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.** MCKEE ORTHOPEDICS AND SPORTS MEDICINE, P.A. TODD AMES 161 5TH AVE S SUITE 200 TWIN FALLS ID 83301	ROHN TYLER MCKEE 2664 E 4000 N TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	R TYLER MCKEE	2664 E 4000 N	TWIN FALLS	ID	USA	83301
SECRETARY	HEIDI T MCKEE	2664 E 4000 N	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 181948**	Signature: L. Todd Ames	Date: 12/22/2016
	Name (type or print): L. Todd Ames	Title: CPA

Processed 12/22/2016

* Electronically provided signatures are accepted as original signatures.