No. <b>W 91110</b>	Due no later than Mar 31, 2015		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		0.000 0.0000000 0000 000	K ROBINSON IV			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  CLARK ROBINSON ORTHOPAEDICS PLLC  T CLARK ROBINSON IV  PO BOX 1942  NAMPA ID 83653			3458 S RUSTLER MERIDIAN 83642			
			3. <u>New</u> Reg	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 R	OBINSON IV	PO BOX 1942	NAMPA	ID	USA	83653	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID Signature: Clark Robinson		obinson		Date: 03/31/2015			
W 91110	Name (type or print): Clark Robinson			Title: manager			
Processed 03/31/2015	* Electronically provided signatures are accepted as original signatures.						