

No. W 16838		Due no later than Oct 31, 2009		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. SUMMIT ORTHOPAEDICS EQUITY, LLC JULIE POND 2321 CORONADO ST IDAHO FALLS ID 83404		PHILIP MCCOWIN 2321 CORONADO ST IDAHO FALLS ID 83404			
				3. <u>New</u> 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	PHILIP MCCOWIN	2321 CORONADO	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 16838		6. Annual Report must be signed.* Signature: Julie Pond Name (type or print): Julie Pond Date: 09/21/2009 Title: Office Manager					
Processed 09/21/2009		* Electronically provided signatures are accepted as original signatures.					