No. C 168959		Due no later than Sep 30, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE SHOULDER CLINIC, P.A. KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702			KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702 3. New Registered Agent Signature:*			
				BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE					ered Agent 31	gridui e.		
Office Held	Name	less Addresses of	President, Secretary, and Directors. Treasu Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	C. SCOTT F	IUMPHREY	3381 W BAVARIA STREET	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 168959		Signature: Angie K Shumway			Date: 08/31/2016			
		Name (type o		Title: Office Manager				
Processed 08/31/2016		* Electronically provided signatures are accepted as original signatures.						