

No. W 63113	Due no later than May 31, 2014 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. EMERGENCY ORTHOPEDIC SERVICES OF IDAHO, PLLC JULIE DENNY 2321 CORONADO ST IDAHO FALLS ID 83404		MIKE WHYTE 2635 CHANNING WAY 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	GREG WEST	2321 CORONADO ST	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 63113		6. Annual Report must be signed.* Signature: Julie Denny Name (type or print): Julie Denny Date: 04/15/2014 Title: Financial Director				
Processed 04/15/2014		* Electronically provided signatures are accepted as original signatures.				