

No. W 54229	Due no later than Sep 30, 2011 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. ORTHOPEDIC ASSOCIATES REAL ESTATE, LLC ANN POOLE 1107 W IRONWOOD DR COEUR D'ALENE ID 83814		JONATHAN S KING M.D. 1107 W IRONWOOD DR COEUR D'ALENE ID 83814			
			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
MEMBER	LLOYD E WITHAM M.D.	1107 W IRONWOOD DR	COEUR D'ALENE	ID	USA	83814
MEMBER	JONATHAN S KING M.D.	1107 W IRONWOOD DR	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 54229	6. Annual Report must be signed.* Signature: Jonathan S King Md Name (type or print): Jonathan S King Md		Date: 08/16/2011 Title: Member			
Processed 08/16/2011		* Electronically provided signatures are accepted as original signatures.				