

No. <b>W 25280</b>		<b>Due no later than Jul 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> LEWIS & CLARK ORTHOPAEDIC INSTITUTE, LLC CINDY L KEENE 318 WARNER DR LEWISTON ID 83501		CINDY L KEENE 318 WARNER DR LEWISTON ID 83501		
				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	JEFFREY D BURRY	330 WARNER DR	LEWISTON	ID	USA	83501
MEMBER	GREGORY D DIETRICH	320 WARNER DR	LEWISTON	ID		83501
MEMBER	TIMOTHY J FLOCK	320 WARNER DR	LEWISTON	ID	USA	83501
MEMBER	REGAN B HANSEN	320 WARNER DR	LEWISTON	ID	USA	83501
MEMBER	STEVEN R BOYEA	320 WARNER DR	LEWISOTN	ID	USA	83501
MEMBER	BRYAN J BEARDSLEY	320 WARNER DR	LEWISTON	ID	USA	83501
MEMBER	JOHN A JELINEK	320 WARNER DR	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID W 25280</b>		6. Annual Report must be signed.* Signature: CINDY KEENE Name (type or print): CINDY KEENE  Date: 05/23/2016 Title: CEO				
Processed 05/23/2016		* Electronically provided signatures are accepted as original signatures.				