

No. W 98082		Due no later than Nov 30, 2017		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. LYMAN ORTHOPEDICS PLLC JEFFREY LYMAN MD 1875 N LAKEWOOD DR STE 200 COEUR D ALENE ID 83814-4928		RESIGNED 1875 N LAKEWOOD DR., #200 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	JEFFREY LYMAN	1875 N. LAKEWOOD DR SUITE 200	COEUR D ALENE	ID	USA 83814-4928
5. Organized Under the Laws of: ID W 98082		6. Annual Report must be signed.* Signature: ASHLEY BATCHELDER Name (type or print): ASHLEY BATCHELDER Date: 11/07/2017 Title: OFFICE MANAGER			
Processed 11/07/2017		* Electronically provided signatures are accepted as original signatures.			