

No. <b>W 98082</b>		<b>Due no later than Nov 30, 2017</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JEFFREY LYMAN	Street or PO Address 1875 N. LAKEWOOD DR SUITE 200		City COEUR D ALENE	State ID	Country USA	Postal Code 83814-4928
5. Organized Under the Laws of:  <b>ID</b> <b>W 98082</b>		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.							