No. <b>W 117107</b>		Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRYAN PALFREYMAN 6225 N MEEKER PL STE 205 BOISE ID 83713			
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	6225 N ME	ORTHOPAEDIC SPECIALISTS OF IDAHO, PLLC 6225 N MEEKER PL STE 205 BOISE ID 83713					
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addre	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KEITH G HOLLEY		189 MOON BEAM WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature	Signature: KEITH HOLLEY		Date: 07/30/2018			
W 117107	Name (typ	Name (type or print): KEITH HOLLEY		Title: MANAGER			
Processed 07/30/2018	* Electronical	* Electronically provided signatures are accepted as original signatures.					