

No. <b>W 6876</b>		<b>Due no later than Sep 30, 2014</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>  UPPER VALLEY ORTHOPEDICS PLLC SHAUNA DUNN 360 E MAIN REXBURG ID 83440 USA		MICHAEL J LARSON 360 E MAIN REXBURG ID 83440			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MICHAEL J LARSON	360 E MAIN	REXBURG	ID	USA	83440	
MEMBER	KEVIN M LEE	360 E MAIN	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:  <b>ID</b> <b>W 6876</b>		6. Annual Report must be signed.*  Signature: Shauna Dunn Name (type or print): Shauna Dunn  Date: 07/15/2014 Title: Practice Manager					
Processed 07/15/2014 * Electronically provided signatures are accepted as original signatures.							