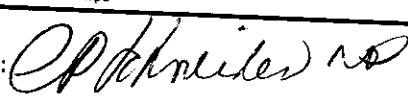


No. W 3668 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Mar 31, 2013 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) CHARLES P SCHNEIDER MD 206 EAST ELM ST CALDWELL ID 83605-4815 3. <u>New</u> Registered Agent Signature.																																			
1. Mailing Address: Correct in this box if needed. SNAKE RIVER SPORTS MEDICINE, L.L.C. % PHILIP A PETERSON PO BOX 247 NAMPA ID 83653-0247																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>CHARLES P. SCHNEIDER, M.D.</td> <td>206 EAST ELM STREET</td> <td>CALDWELL</td> <td>ID</td> <td>USA</td> <td>83605-4815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>GEORGE A. NICOLA, M.D.</td> <td>206 EAST ELM STREET</td> <td>CALDWELL</td> <td>ID</td> <td>USA</td> <td>83605-4815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CHARLES P. SCHNEIDER, M.D.	206 EAST ELM STREET	CALDWELL	ID	USA	83605-4815	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GEORGE A. NICOLA, M.D.	206 EAST ELM STREET	CALDWELL	ID	USA	83605-4815	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO W 3668</div>																																					
6. Signature:  Name (type or print): _____ <div style="display: flex; justify-content: space-between;"> CHARLES P. SCHNEIDER, M.D. <div style="text-align: right;"> Date: <u>01/31/2013</u> Title: _____ MEMBER </div> </div>																																					

Issued 01/16/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

131580