

No. W 124579	Due no later than Apr 30, 2018 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. ACTION ORTHOPEDICS AND SPORTS MEDICINE, PLLC CONNOR W QUINN MD 1110 W PARK PLACE # 202 COEUR D ALENE ID 83814		CONNOR W QUINN MD 1110 W PARK PLACE #202 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
MANAGER	CONNOR W QUINN	1110 W PARK PLACE #202	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 124579	6. Annual Report must be signed.* Signature: Connor Quinn Name (type or print): Connor Quinn		Date: 04/29/2018 Title: Owner			
Processed 04/29/2018		* Electronically provided signatures are accepted as original signatures.				