

No. <b>W 34117</b>		<b>Due no later than Oct 31, 2008</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>  SALMON ORTHOPEDICS, P.L.L.C. DAVID YANOFF 343 DIAMOND CREEK LN SALMON ID 83467		DAVID YANOFF 343 DIAMOND CREEK RD SALMON ID 83467			
<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 MANAGER	Name DAVID YANOFF REVOCABLE TRUST	Street or PO Address 343 DIAMOND CREEK LN		City SALMON	State ID	Country USA	Postal Code 83467
5. Organized Under the Laws of:  <b>ID</b> <b>W 34117</b>		6. Annual Report must be signed.*  Signature: David Yanoff Name (type or print): David Yanoff  Date: 08/13/2008 Title: Manager					
Processed 08/13/2008      * Electronically provided signatures are accepted as original signatures.							