

No. W 91110		Due no later than Mar 31, 2017		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		Annual Report Form		T CLARK ROBINSON IV 4424 EAST FLAMINGO SUITE 110 NAMPA ID 83687			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		CLARK ROBINSON ORTHOPAEDICS PLLC T CLARK ROBINSON IV PO BOX 1942 NAMPA ID 83653					
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	T CLARK ROBINSON IV	PO BOX 1942	NAMPA	ID	USA	83653	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 91110		Signature: Clark robinson			Date: 01/21/2017		
		Name (type or print): Clark robinson			Title: Manager		
Processed 01/21/2017		* Electronically provided signatures are accepted as original signatures.					