

No. W 54459		Due no later than Sep 30, 2016		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 1. Mailing Address: Correct in this box if needed. ALLIED ORTHOPAEDICS BUILDING, LLC ROMAN SCHWARTSMAN 6590 W NORWOOD DRIVE BOISE ID 83704-8765		ROMAN SCHWARTSMAN MD 6590 W NORWOOD DR BOISE ID 83704-8765	
				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	ROMAN SCHWARTSMAN MD	6590 W NORWOOD DRIVE	BOISE	ID	83704-8765
5. Organized Under the Laws of: ID W 54459		6. Annual Report must be signed.* Signature: ROMAN SCHWARTSMAN Name (type or print): ROMAN SCHWARTSMAN Date: 07/28/2016 Title: MD			
Processed 07/28/2016		* Electronically provided signatures are accepted as original signatures.			