

No. W 54459		Due no later than Sep 30, 2016 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		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		
NO FILING FEE IF RECEIVED BY DUE DATE				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 ROMAN SCHWARTSMAN MD	Street or PO Address 6590 W NORWOOD DRIVE	City BOISE	State ID	Country	Postal Code 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.						