

No. W 6876		Due no later than Sep 30, 2011		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		MICHAEL J LARSON 360 E MAIN REXBURG ID 83440			
		1. Mailing Address: Correct in this box if needed. UPPER VALLEY ORTHOPEDICS PLLC SHAUNA DUNN 360 E MAIN REXBURG ID 83440 USA		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	
MEMBER	MICHAEL J LARSON	360 E MAIN	REXBURG	ID	USA	83440	
MEMBER	KEVIN M LEE	360 E MAIN	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 6876		Signature: Shauna Dunn			Date: 07/20/2011		
		Name (type or print): Shauna Dunn			Title: Office Manager		
Processed 07/20/2011		* Electronically provided signatures are accepted as original signatures.					