No. **W 12237**	**Due no later than Jun 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.** ORTHOPEDIC SURGERY CENTER OF IDAHO, LLC JULIE L TADDICKEN 6999 DESERT AVE BOISE ID 83709 USA	GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702 3. New 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	DAVID M LAMEY	5395 N CATTAIL WAY	BOISE	ID		83203

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 12237**	Signature: Julie Taddicken	Date: 05/02/2016
	Name (type or print): Julie Taddicken	Title: Administrator

Processed 05/02/2016

* Electronically provided signatures are accepted as original signatures.