

No. W 437		Due no later than Jul 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN ORTHOPAEDIC CLINIC, P.L.L.C. JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		JAMES M RETMIER, MD 738 N COLLEGE RD, SUITE A TWIN FALLS ID 83301		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	JAMES M RETIMIER M.D. P.A.	PO BOX 1293	TWIN FALLS	ID		83303	
MEMBER	WILLIAM F MAY M.D. P.A.	PO BOX 1293	TWIN FALLS	ID		83303	
MEMBER	BLAKE F JOHNSON M.D. P.A.	PO BOX 1293	TWIN FALLS	ID		83303	
5. Organized Under the Laws of: ID W 437		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 07/28/2016 Title: Agent					
Processed 07/28/2016		* Electronically provided signatures are accepted as original signatures.					