No. **W 25280**	**Due no later than Jul 31, 2013**	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.** LEWIS & CLARK ORTHOPAEDIC INSTITUTE, LLC CINDY L KEENE 318 WARNER DR LEWISTON ID 83501 USA	CINDY L KEENE 320 WARNER DR LEWISTON ID 83501 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
MEMBER	GREGORY D DIETRICH	320 WARNER DR	LEWISTON	ID	USA	83501
MEMBER	TIMOTHY J FLOCK	320 WARNER DR	LEWISTON	ID	USA	83501
MEMBER	REGAN B HANSEN	320 WARNER DR	LEWISTON	ID	USA	83501
MEMBER	STEVEN R BOYEA	320 WARNER DR	LEWISOTN	ID	USA	83501
MEMBER	BRYAN J BEARDSLEY	320 WARNER DR	LEWISTON	ID	USA	83501
MEMBER	JOHN A JELINEK	320 WARNER DR	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 25280**	Signature: Roben Hedge	Date: 05/15/2013
	Name (type or print): Roben Hedge	Title: Adm Asst

Processed 05/15/2013

* Electronically provided signatures are accepted as original signatures.