No. **W 105887**	**Due no later than Aug 31, 2012** **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.** ORTHOPAEDIC TRAUMA SERVICES, LLC DAVID HASSINGER 4052 W QUAIL HILL CT BOISE ID 83703	DAVID HASSINGER 4052 W QUAIL HILL CT BOISE ID 83703 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 HASSINGER	4052 W QUAIL HILL CT	BOISE	ID	USA	83703

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 105887**	Signature: David Hassinger	Date: 06/26/2012
	Name (type or print): David Hassinger	Title: Managing Parther

Processed 06/26/2012

* Electronically provided signatures are accepted as original signatures.