

No. W 91110		Due no later than Mar 31, 2011 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		1. Mailing Address: Correct in this box if needed. CLARK ROBINSON ORTHOPAEDICS PLLC T CLARK ROBINSON IV 8605 DIAMOND CT NAMPA ID 83686		T CLARK ROBINSON IV 8605 DIAMOND CT NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name T CLARK ROBINSON IV	Street or PO Address PO BOX 1942		City NAMPA	State ID	Country USA	Postal Code 83653
5. Organized Under the Laws of: ID W 91110		6. Annual Report must be signed.* Signature: Clark Robinson Name (type or print): Clark Robinson Date: 01/15/2011 Title: Manager					
Processed 01/15/2011 * Electronically provided signatures are accepted as original signatures.							