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| No. W 6876 | Due no later than Sep 30, 2018 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. UPPER VALLEY ORTHOPEDICS PLLC SHAUNA DUNN 360 EAST MAIN REXBURG ID 83440 | | MICHAEL J LARSON 360 E MAIN REXBURG ID 83440 | | | |
| | | | 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 | MICHAEL J LARSON | 360 E MAIN | REXBURG | ID | | 83440 |
| MEMBER | KEVIN M LEE | 360 E MAIN | REXBURG | ID | | 83440 |
| 5. Organized Under the Laws of: ID W 6876 | 6. Annual Report must be signed.* Signature: Shauna Dunn Name (type or print): Shauna Dunn Date: 08/01/2018 Title: Practice Manager | | | | | |
| Processed 08/01/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |