

No. W 98575	Due no later than Dec 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. T.K. ORTHOPAEDIC LLC THOMAS E KOTO 3920 ESTEN AVE N BOISE ID 83703		KATO THOMAS 3920 ESTEN AVE N BOISE ID 83703			
			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
MANAGER	THOMAS EIJI KOTO	3920 ESTEN AVE N	BOISE	ID	USA	83703
5. Organized Under the Laws of: ID W 98575	6. Annual Report must be signed.* Signature: Thomas E. Koto, Jr. Name (type or print): Thomas E. Koto, Jr.		Date: 10/15/2012 Title: Manager			
Processed 10/15/2012		* Electronically provided signatures are accepted as original signatures.				