

No. W 25280		Due no later than Jul 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		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			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MARVIN R KYM	320 WARNER DR	LEWISTON	ID	USA	83501	
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: ID W 25280		6. Annual Report must be signed.* Signature: Cindy L. Keene Name (type or print): Cindy L. Keene					
		Date: 07/26/2012 Title: C.e.o.					
Processed 07/26/2012 * Electronically provided signatures are accepted as original signatures.							