No. W 25280		Due no later than Jul 31, 2010		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. LEWIS & CLARK ORTHOPAEDIC INSTITUTE, LLC CINDY L KEENE 318 WARNER DR LEWISTON ID 83501 USA		320 WAF LEWISTO	CINDY L KEENE 320 WARNER DR LEWISTON ID 83501 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE			C. I. I					
		mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TIMOTHY J		FLOCK	320 WARNER DR	LEWISTON	N ID	USA	83501	
MEMBER	MEMBER REGAN B HA		320 WARNER DR	LEWISTON	N ID	USA	83501	
MEMBER	STEVEN R BOYEA		320 WARNER DR	LEWISOTI	N ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Rep	ort must be signed.*					
ID W 25280		Signature: Cindy L Keene			Date: 08/06/2010			
		Name (type	or print): Cindy L Keene		Title: Ceo			
Processed 08/06/2010		* Electronically provided signatures are accepted as original signatures.						