

No. W 6876	Due no later than Sep 30, 2000 Annual Report Form		2. Registered Agent and Office 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 applicable UPPER VALLEY ORTHOPEDICS PLLC 360 E MAIN	MICHAEL J LARSON 360 E MAIN REXBURG, ID 83440	
NO FILING FEE IF RECEIVED BY DUE DATE	REXBURG, ID 83440	3. <u>New</u> Registered Agent Signature	

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Michael J. Larson	360 East Main	Rexburg	ID	83440
Member	Kevin M, Lee	360 East Main	Rexburg	ID	83440

5. Organized Under the Laws of:

IDAHO
W 6876

6. Signature 
 Date 7-26-00
 Name (Typed or Printed) Michael J. Larson, M.D. Title: Member
 Member XXXX

Issued 07/10/2000

Do Not Tape or Staple

1421