




No. <b>W 12237</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/07/2011</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) DAVID M LAMEY MD 1425 W RIVER ST BOISE ID 83702														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  ORTHOPEDIC SURGERY CENTER OF IDAHO, LLC ROBYN D CROSBY 1425 W RIVER ST BOISE ID 83702		3. <u>New</u> Registered Agent Signature.														
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="height: 150px; text-align: center; vertical-align: middle;"> <p>" SEE ATTACHED "</p> </td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<p>" SEE ATTACHED "</p>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code											
<p>" SEE ATTACHED "</p>																	
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO W 12237           </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: 10/2/11</td> </tr> <tr> <td>Name (type or print): <u>David Lamey</u></td> <td>Title:</td> </tr> </table>		Signature: 	Date: 10/2/11	Name (type or print): <u>David Lamey</u>	Title:										
Signature: 	Date: 10/2/11																
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Issued 09/21/2011 by LJC																	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.  
**Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.



Member	Goodwin	Thomas	8854 W Emerald #102	Boise	ID	04
Member	Gustavel	Michael	1188 University Dr	Boise	ID	06
Member	Hessing	Jeffry	8854 W Emerald #140			04
Member	Johnston	James	703 Americana Blvd	Boise	ID	06
Member	Kloss	John	901 N Curtis Rd #301	Boise	ID	06
Member	Kristensen	Ronald	703 Americana Blvd	Boise	ID	06
Managing Member	Lamey	David	901 N Curtis Rd. #301	83706		06

Member	Miller	Jennifer	1188 University Dr		0	06
			520 S Eagle Rd	Suite		
Member	Moss	Stanley	1205	Meridian	ID	642
Member	Palmer	Kyle	3875 E Overland Rd	Meridian	ID	642
Member	Schweiger	Gregory	8854 W. Emerald #140	Boise	ID	04
Member	Wade	George	1188 University Dr	Boise	ID	06
Member	Walker	Robert	St Lukes, Eagle Rd	Boise	ID	642
Member	Waters	Stanley	1673 Shoreline	Boise	ID	02
Member	Watkins	Troy	125 E Idaho #104	Boise	ID	02