

No. W 6876		Due no later than Sep 30, 2017 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. UPPER VALLEY ORTHOPEDICS PLLC SHAUNA DUNN 360 E MAIN REXBURG ID 83440		MICHAEL J LARSON 360 E MAIN REXBURG ID 83440			
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	MICHAEL J LARSON	360 E MAIN	REXBURG	ID	83440		
MEMBER	KEVIN M LEE	360 E MAIN	REXBURG	ID	83440		
5. Organized Under the Laws of: ID W 6876		6. Annual Report must be signed.* Signature: Shauna Dunn Name (type or print): Shauna Dunn Date: 07/24/2017 Title: Practice Manager					
Processed 07/24/2017 * Electronically provided signatures are accepted as original signatures.							