

No. <b>W 6876</b>		<b>Due no later than Sep 30, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		MICHAEL J LARSON 360 E MAIN REXBURG ID 83440	
		<b>1. Mailing Address: Correct in this box if needed.</b> UPPER VALLEY ORTHOPEDICS PLLC SHAUNA DUNN 360 E MAIN REXBURG ID 83440		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:		6. Annual Report must be signed.*			
<b>ID W 6876</b>		Signature: Shauna Dunn		Date: 07/24/2017	
		Name (type or print): Shauna Dunn		Title: Practice Manager	
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.			