

No. <b>W 6865</b>		<b>Due no later than Sep 30, 2011</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>  <b>1. Mailing Address: Correct in this box if needed.</b> ORTHOPAEDIC LEASING, LLC MARK C CLAWSON, M.D. 901 N CURTIS RD STE 501 BOISE ID 83706 USA		MARK C CLAWSON, M.D. 901 N CURTIS RD STE 501 BOISE ID 83706		
				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	MARK C CLAWSON, M.D.	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	JEFFREY G HESSING, M.D.	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	MARK C MEIER, M.D.	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	TIMOTHY E DOERR, MR.D.	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	JARED P TADJE	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
MEMBER	GREGORY P SCHWEIGER	901 N CURTIS RD STE 501	BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID W 6865</b>		6. Annual Report must be signed.* Signature: Mark C Clawson MD Name (type or print): Mark C Clawson MD		Date: 07/20/2011 Title: Partner		
Processed 07/20/2011		* Electronically provided signatures are accepted as original signatures.				