

No. W 45802	Due no later than Dec 31, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ALLIED ORTHOPAEDICS, LLC DAVID HASSINGER 7979 W RIFLEMAN ST BOISE ID 83704	DAVID HASSINGER 7979 W RIFLEMAN ST BOISE ID 83704	
		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
MANAGER	DAVID E HASSINGER	7979 W RIFLEMAN ST	BOISE ID USA 83704
MEMBER	MARK SPELICH	7979 W RIFLEMAN ST	BOISE ID USA 83704
MEMBER	SEAN M HASSINGER	7979 W RIFLEMAN ST	BOISE ID USA 83704
5. Organized Under the Laws of: ID W 45802	6. Annual Report must be signed.* Signature: David Hassinger Name (type or print): David Hassinger		Date: 10/17/2012 Title: Manager
Processed 10/17/2012		* Electronically provided signatures are accepted as original signatures.	