

No. <b>W 74431</b>	<b>Due no later than May 31, 2013</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>		JAMES RETMIER MD 738 N COLLEGE RD STE A TWIN FALLS ID 83301			
	INTERMOUNTAIN ORTHOPEDIC INVESTMENT COMPANY, LLC JAMES RETMIER PO BOX 1293 TWIN FALLS ID 83303		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	JAMES RETMIER MD	738 N COLLEGE RD STE A	TWIN FALLS	ID	USA	83301
MEMBER	WILLIAM MAY MD	738 N COLLEGE RD STE A	TWIN FALLS	ID	USA	83301
MEMBER	BLAKE JOHNSON MD	738 N COLLEGE RD STE A	TWIN FALLS	ID	USA	83301
MEMBER	TYLER WAYMENT MD	738 N COLLEGE RD STE A	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 74431</b>	6. Annual Report must be signed.*					
		Signature: John Coleman	Date: 04/25/2013			
		Name (type or print): John Coleman	Title: Agent			
Processed 04/25/2013		* Electronically provided signatures are accepted as original signatures.				