

No. <b>W 98082</b>		Due no later than Nov 30, 2011		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>  LYMAN ORTHOPEDICS PLLC KERSTIN MUELLER 700 W IRONWOOD DR SUITE 214 COEUR D ALENE ID 83814-4484 USA		KEITH BROWN 5112 E TWILA CT POST FALLS ID 83854	
				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	KERSTIN MUELLER	700 W IRONWOOD DRIVE SUITE 214	COEUR D ALENE	ID	USA 83814-4484
5. Organized Under the Laws of:  <b>ID W 98082</b>		6. Annual Report must be signed.* Signature: Kerstin Mueller Name (type or print): Kerstin Mueller Date: 12/12/2011 Title: Practice Administrator			
Processed 12/12/2011		* Electronically provided signatures are accepted as original signatures.			