No. W 114706		Due no later than Jun 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO REGIONAL HAND & UPPER EXTREMITY CENTER PLLC JEFFREY D STUCKI 560 MEMORIAL DR POCATELLO ID 83201		JEFFREY STUCKI 1283 N BONNEVILLE RD INKOM ID 83245 3. New Registered Agent Signature:*			
4. Limited Liability Compan	ies: Enter Na	mes and Addresses	s of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	JEFFREY D	STUCKI	1283 N BONNEVILLE RD	INKOM	ID	USA	83245
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jeffrey D Stucki		Date: 04/29/2013			
W 114706		Name (type or	Title: President				
Processed 04/29/2013 * Electronically provided signatures are accepted as original signatures.							