No. **W 76251**	**Due no later than Jul 31, 2010** **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.** ADA ORTHOPAEDIC CLINIC, LLC JOYCE L COOPER 6500 WEST EMERALD BOISE ID 83704 USA	RICHARD E MOORE MD 6500 WEST EMERALD BOISE ID 83704 3. New 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	WILLIAM C LINDNER	6500 WEST EMERALD	BOISE	ID	USA	83704
MEMBER	RICHARD E MOORE	6500 WEST EMERALD	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 76251**	Signature: William C. Lindner	Date: 06/02/2010
	Name (type or print): William C. Lindner	Title: Member

Processed 06/02/2010

* Electronically provided signatures are accepted as original signatures.