No. **W 91110**	**Due no later than Mar 31, 2016** **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.** CLARK ROBINSON ORTHOPAEDICS PLLC T CLARK ROBINSON IV PO BOX 1942 NAMPA ID 83653	T CLARK ROBINSON IV 3458 S RUSTLER MERIDIAN ID 83642 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
MANAGER	T CLARK ROBINSON IV	PO BOX 1942	NAMPA	ID	USA	83653

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 91110**	Signature: clark robinson	Date: 01/22/2016
	Name (type or print): clark robinson	Title: manager

Processed 01/22/2016

* Electronically provided signatures are accepted as original signatures.