




No. W 54459		Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) ROMAN SCHWARTSMAN MD 6590 W NORWOOD DR BOISE ID 83704																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALLIED ORTHOPAEDICS BUILDING, LLC ROMAN SCHWARTSMAN 6590 W NORWOOD DRIVE BOISE ID 83704 USA		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Roman Schwartsman</td><td>6590 W Norwood</td><td>Boise</td><td>ID</td><td>USA</td><td>83704</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Roman Schwartsman	6590 W Norwood	Boise	ID	USA	83704	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 54459		6. <table border="1"><tr><td>Signature: </td><td>Date: 1/10/13</td></tr><tr><td>Name (type or print): Roman Schwartsman</td><td>Title: M.D.</td></tr></table>				Signature: 	Date: 1/10/13	Name (type or print): Roman Schwartsman	Title: M.D.																															
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<small>Issued 12/19/2012 by JLI</small>																																								