

No. <b>W 437</b>		<b>Due no later than Jul 31, 2017</b>		<b>Annual Report Form</b>		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>1. Mailing Address: Correct in this box if needed.</b> INTERMOUNTAIN ORTHOPAEDIC CLINIC, P.L.L.C. JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		JAMES M RETMIER, MD 738 N COLLEGE RD, SUITE A TWIN FALLS ID 83301		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	
MEMBER	JAMES M RETIMIER M.D. P.A.	PO BOX 1293	TWIN FALLS	ID		83303	
MEMBER	WILLIAM F MAY M.D. P.A.	PO BOX 1293	TWIN FALLS	ID		83303	
MEMBER	BLAKE F JOHNSON M.D. P.A.	PO BOX 1293	TWIN FALLS	ID		83303	
5. Organized Under the Laws of:  <b>ID W 437</b>		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 05/17/2017 Title: Agent					
Processed 05/17/2017		* Electronically provided signatures are accepted as original signatures.					