

No. W 63113		Due no later than May 31, 2008 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		1. Mailing Address: Correct in this box if needed. EMERGENCY ORTHOPEDIC SERVICES OF IDAHO, PLLC JULIE POND 2321 CORONADO ST IDAHO FALLS ID 83404		BRIAN L BOYLE 2635 CHANNING WAY IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name GREG WEST	Street or PO Address 2321 CORONADO ST		City IDAHO FALLS	State ID	Country USA	Postal Code 83404
5. Organized Under the Laws of: ID W 63113		6. Annual Report must be signed.* Signature: Julie Pond Name (type or print): Julie Pond Date: 06/10/2008 Title: Operations Director					
Processed 06/10/2008 * Electronically provided signatures are accepted as original signatures.							