

| | | | | | | | |
|--|------------------|--|-----------|--|---------|-------------|--|
| No. W 114706 | | Due no later than Jun 30, 2018 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. IDAHO REGIONAL HAND & UPPER EXTREMITY CENTER PLLC JEREMY R PORTER 444 HOSPITAL WAY STE 710 POCATELLO ID 83201 | | JEFFREY STUCKI 1283 N BONNEVILLE RD INKOM ID 83245 | | | |
| 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 | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | JEFFREY D STUCKI | 1283 N BONNEVILLE RD | INKOM | ID | USA | 83245 | |
| MEMBER | VERMON S ESPLIN | 12640 PREAKNESS CIRCLE | POCATELLO | ID | USA | 83202 | |
| 5. Organized Under the Laws of: ID W 114706 | | 6. Annual Report must be signed.* Signature: Jeremy Porter Name (type or print): Jeremy Porter | | | | | |
| | | Date: 04/23/2018 Title: Manager | | | | | |
| Processed 04/23/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |