

No. <b>W 105887</b>		Due no later than Aug 31, 2015 <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> ORTHOPAEDIC TRAUMA SERVICES, LLC DAVID HASSINGER 4052 W QUAIL HILL CT BOISE ID 83703		DAVID HASSINGER 4052 W QUAIL HILL CT BOISE ID 83703			
				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	
MANAGER	DAVID HASSINGER	4052 W QUAIL HILL CT	BOISE	ID	USA	83703	
5. Organized Under the Laws of:  <b>ID W 105887</b>		6. Annual Report must be signed.* Signature: David Hassinger Name (type or print): David Hassinger Date: 07/01/2015 Title: Manager					
Processed 07/01/2015		* Electronically provided signatures are accepted as original signatures.					