

No. <b>W 114706</b>	<b>Due no later than Jun 30, 2016</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> IDAHO REGIONAL HAND & UPPER EXTREMITY CENTER PLLC JEREMY R PORTER 560 MEMORIAL DR STE B POCATELLO ID 83201		JEFFREY STUCKI 1283 N BONNEVILLE RD INKOM ID 83245			
			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:  <b>ID</b> <b>W 114706</b>	6. Annual Report must be signed.* Signature: Jeremy Porter Name (type or print): Jeremy Porter		Date: 04/25/2016 Title: Manager			
Processed 04/25/2016		* Electronically provided signatures are accepted as original signatures.				