No. C 181948  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Feb 28, 2014			2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MCKEE ORTHOPEDICS AND SPORTS MEDICINE, P.A.  TODD AMES  161 5TH AVE S SUITE 200  TWIN FALLS ID 83301			ROHN TYLER MCKEE 2664 E 4000 N TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
		ness Addresses of President, Secretary, and Directors. Treasurer			(artises)			
Office Held	Name	ess Addresses	Street or PO Address		ity	State	Country	Postal Code
PRESIDENT SECRETARY	R TYLER MO HEIDI T MC		2664 E 4000 N 2664 E 4000 N	TV	WIN FALLS WIN FALLS	ID ID	USA USA	83301 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Heidi McKee			Date: 12/16/2013			
C 181948		Name (type or print): Heidi McKee			Title: Secretary			
Processed 12/16/20	13	* Electronicall	y provided signatures are accepted as origina	al signatur	es.			