

No. W 45802	Due no later than Dec 31, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ALLIED ORTHOPAEDICS, LLC DAVID HASSINGER 6590 W NORWOOD DR BOISE ID 83704		DAVID HASSINGER 6590 W NORWOOD DR BOISE ID 83704			
			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	DAVID E HASSINGER	520 S EAGLE RD STE 2108	MERIDIAN	ID	USA	83642
MEMBER	MARK PELICH	520 S EAGLE RD STE 2108	MERIDIAN	ID	USA	83642
MEMBER	ROMAN SCHWARTSMAN	520 S EAGLE RD STE 2108	MERIDIAN	ID	USA	83642
MEMBER	SEAN M HASSINGER	6590 W NORWOOD DRIVE	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 45802	6. Annual Report must be signed.* Signature: David Hassinger Name (type or print): David Hassinger		Date: 01/26/2011 Title: Partner			
Processed 01/26/2011		* Electronically provided signatures are accepted as original signatures.				