No. W 79836 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 Dec 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. RIVERSIDE ORTHOPAEDIC CLINIC, PLLC RICHARD T DAVIS 5505 ELK RIDGE COURT FRUITLAND ID 83619 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX) WAYNE R IPSEN 13001 W WOODSPRING ST BOISE ID 83713 3. New Registered Agent Signature:*			
				13001 W WC BOISE ID 8				
4. Limited Liability C	Companies: Enter Na	mes and Addresse	s of at least one Member or Manager.	•				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	TAMARA W	DAVIS	5505 ELK RIDGE COURT	FRUITLAND	ID	USA	83619	
MEMBER LORI K FOOTE		DTE	4978 EAGLE VIEW COURT	FRUITLAND	ID	USA	83619	
MEMBER	MEMBER JOHN D FOOTE		4978 EAGLE VIEW COURT	FRUITLAND	ID	USA	83619	
MEMBER	RICHARD T	DAVIS	5505 ELK RIDGE COURT	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID		Signature: Tamara Davis			Date: 12/07/2017			
W 79836		Name (type or		Title: Member				
Processed 12/07/20)17	* Electronically pr	ovided signatures are accepted as original	signatures.	•		•	