No. **W 17396**	**Due no later than Dec 31, 2013**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** SHOULDER CLINIC OF IDAHO, PLLC (THE) THOMAS E GOODWIN 8854 W EMERALD ST STE 102 BOISE ID 83704	DAVID P MCANANEY 1101 W RIVER STREET STE 100 BOISE ID 83702 3. New 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	THOMAS E GOODWIN	3325 N SADDLEMAN	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 17396**	Signature: Thomas Goodwin	Date: 10/21/2013
	Name (type or print): Thomas Goodwin	Title: Partner

Processed 10/21/2013

* Electronically provided signatures are accepted as original signatures.