No. W 16839		Due no later than Oct 31, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PHILIP R MCCOWIN MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SUMMIT ORTHOPAEDICS MANAGEMENT AND CONSULTING, PLLC JULIE DENNY 2321 CORONADO ST IDAHO FALLS ID 83404		G, IDAHO FALLS	2321 CORONADO ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Companie	s: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER G	GREGORY G	WEST MD	2730 CHANNING WAY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 16839		Signature: Julie Denny		Date: 08/25/2	Date: 08/25/2014			
		Name (type or print): Julie Denny		Title: Practice	Title: Practice Administrator			
Processed 08/25/2014 * Electronically provided signatures are accepted as original signatures.								