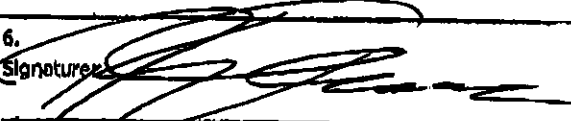


FILED EFFECTIVE

No. W 76251	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A.P.O. BOX) RICHARD E. MOORE MD 6500 WEST EMERALD BOISE ID 83704																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ADA ORTHOPAEDIC CLINIC, LLC JOYCE L COOPER- Richard E. Moore, M.D. 6500 WEST EMERALD BOISE ID 83704 USA		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>Richard E. Moore, M.D.,</td> <td>6500 W. Overland,</td> <td>Boise,</td> <td>ID</td> <td>83704</td> <td></td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>William C. Lindner, M.D.,</td> <td>6500 W. Overland,</td> <td>Boise,</td> <td>ID</td> <td>83704</td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	Richard E. Moore, M.D.,	6500 W. Overland,	Boise,	ID	83704		Manager ☐ Member ☒	William C. Lindner, M.D.,	6500 W. Overland,	Boise,	ID	83704		Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 76251		6.  Signature: _____ Name (type or print): <u>Richard E. Moore, M.D.</u> Date: <u>11/6/13</u> Title: <u>Member</u>																																				

Issued 10/13/2013 by JLI