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	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.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

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 ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 76251	Name (type or print): Richard E. Moore, M.D.	11/6/13 Title: Member

Issued 10/15/2013 by JL1