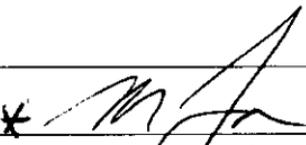


<b>No. W 6876</b>	<b>Due no later than Sep 30, 2001 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		MICHAEL J LARSON 360 E MAIN  REXBURG, ID 83440																			
	UPPER VALLEY ORTHOPEDICS PLLC  360 E MAIN  REXBURG, ID 83440		3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Michael J. Larson</td> <td>360 East Main</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Member</td> <td>Kevin M. Lee</td> <td>360 East Main</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Michael J. Larson	360 East Main	Rexburg	ID	83440	Member	Kevin M. Lee	360 East Main	Rexburg	ID	83440
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Member	Kevin M. Lee	360 East Main	Rexburg	ID	83440																	
5. Organized Under the Laws of:  IDAHO W 6876		6. Signature  Date <u>8-8-01</u> Name <small>(Typed or Printed)</small> Michael J. Larson Title <u>M.D. Member</u>																				