

No. W 45802		Due no later than Dec 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALLIED ORTHOPAEDICS, LLC DAVID HASSINGER 6590 W NORWOOD DR BOISE ID 83704		DAVID HASSINGER 6590 W NORWOOD DR BOISE ID 83704			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	SEAN M HASSINGER	6590 W NORWOOD DRIVE	BOISE	ID	USA	83704	
MEMBER	DAVID E HASSINGER	6590 W NORWOOD DRIVE	BOISE	ID	USA	83704	
MEMBER	MARK A SPELICH	6590 W NORWOOD DRIVE	BOISE	ID	USA	83704	
MEMBER	ROMAN SCHWARTSMAN	6590 W NORWOOD DRIVE	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 45802		6. Annual Report must be signed.* Signature: Roman Schwartsman Name (type or print): Roman Schwartsman					
		Date: 01/14/2010 Title: Md					
Processed 01/14/2010		* Electronically provided signatures are accepted as original signatures.					