

No. W 54459		Due no later than Sep 30, 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 BUILDING, LLC ROMAN SCHWARTSMAN 179 N AL FRESCO PL BOISE ID 83712 USA		ROMAN SCHWARTSMAN MD 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 MANAGER	Name ROMAN SCHWARTSMAN MD	Street or PO Address 179 N AL FRESCO PL		City BOISE	State ID	Country USA	Postal Code 83712
5. Organized Under the Laws of: ID W 54459		6. Annual Report must be signed.* Signature: Roman Schwartsman Name (type or print): Roman Schwartsman Date: 09/25/2009 Title: Manager					
Processed 09/25/2009 * Electronically provided signatures are accepted as original signatures.							