

No. <b>W 54459</b>		<b>Due no later than Sep 30, 2009</b>		2. Registered Agent and Address <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>		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
				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	
MANAGER	ROMAN SCHWARTSMAN MD	179 N AL FRESCO PL	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 54459</b>		Signature: Roman Schwartzman				Date: 09/25/2009	
		Name (type or print): Roman Schwartzman				Title: Manager	
Processed 09/25/2009		* Electronically provided signatures are accepted as original signatures.					