No. **W 121637**	**Due no later than Feb 28, 2014** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** KYM ORTHOPEDICS, PLLC MARVN R KYM MD 4073 FAIRWAY DR LEWISTON ID 83501 USA	MARVIN R KYM, M.D. 4073 FAIRWAY DR LEWISTON ID 83501 3. New 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	MARVIN R KYM	4073 FAIRWAY DRIVE	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 121637**	Signature: Marvin R Kym	Date: 12/17/2013
	Name (type or print): Marvin R Kym	Title: Manager

Processed 12/17/2013

* Electronically provided signatures are accepted as original signatures.