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|--|-------------------|--|---------------|--|---------|-------------|--|
| No. W 15548 | | Due no later than Jun 30, 2012 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. ORTHOPEDIC SURGERY AND SPORTS MEDICINE CLINIC, L.L.C. (THE) GAIL JO BATCHELDER 850 IRONWOOD DR STE 202 COEUR D'ALENE ID 83814-4903 USA | | ADAM J OLCAMP MD 850 IRONWOOD DR STE 202 COEUR D'ALENE ID 83814-4903 | | | |
| 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 | SCOTT A BROWN | 850 IRONWOOD DRIVE, STE 202 | COEUR D'ALENE | ID | USA | 83814-4903 | |
| MEMBER | ADAM J OLCAMP | 850 IRONWOOD DRIVE, STE 202 | COEUR D'ALENE | ID | USA | 83814-4903 | |
| MEMBER | DOUGLAS P MCINNIS | 850 IRONWOOD DRIVE, STE 202 | COEUR D'ALENE | ID | USA | 83814-4903 | |
| MEMBER | WILLIAM F SIMS | 850 IRONWOOD DRIVE, STE 202 | COEUR D'ALENE | ID | USA | 83814-4903 | |
| MEMBER | ROGER C DUNTEMAN | 850 IRONWOOD DRIVE, STE 202 | COEUR D'ALENE | ID | USA | 83814-4903 | |
| 5. Organized Under the Laws of: ID W 15548 | | 6. Annual Report must be signed.* Signature: Gail Batchelder Name (type or print): Gail Batchelder | | | | | |
| | | Date: 04/16/2012 Title: Office Manager | | | | | |
| Processed 04/16/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |