No. <b>W 19801</b>		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  NO FILING FEE IF RECEIVED BY DUE DATE				FREDERICK L SURBAUGH MD				
		1. Mailing Address: Correct in this box if needed. TWIN FALLS ORTHOPEDICS, PLLC FREDERICK L SURBAUGH MD 562 SHOUP AVE W TWIN FALLS ID 83301		1	562 SHOUP AVE W TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	FREDERICK L SURBAUGH MD		PO BOX 1808		TWIN FALLS	ID	USA	83303
MEMBER	JOHN W HC	WAR MD	PO BOX 1808		TWIN FALLS	ID	USA	83303
MEMBER TWIN FALLS ORT		ORTHOPEDIC ASSOC P.	A 562 SHOUP AVE W		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 19801		Signature: Frederick Surbaugh			Date: 04/26/2012			
		Name (type or print): Frederick Surbaugh			Title: Pres			
Processed 04/26/2012 * Electronically provided signatures are accepted as original signatures.								