

No. W 6865	Due no later than Sep 30, 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. ORTHOPAEDIC LEASING, LLC MARK C CLAWSON, M.D. 8854 W EMERALD ST., SUITE 140 BOISE ID 83704 USA		MARK C CLAWSON, M.D. 8854 W EMERALD ST., SUITE 140 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
MEMBER	MARK C CLAWSON, M.D.	8854 W EMERALD ST., SUITE 140	BOISE	ID	USA	83704
MEMBER	JEFFREY G HESSING, M.D.	8854 W EMERALD ST., SUITE 140	BOISE	ID	USA	83704
MEMBER	TIMOTHY E DOERR, MR.D.	8854 W EMERALD ST., SUITE 140	BOISE	ID	USA	83704
MEMBER	JARED P TADJE	8854 W EMERALD ST., SUITE 140	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 6865	6. Annual Report must be signed.* Signature: Mark Clawson Name (type or print): Mark Clawson Date: 07/21/2014 Title: Corporate Secretary					
Processed 07/21/2014	* Electronically provided signatures are accepted as original signatures.					